

MEMBERSHIP

*With
Convenience
Fee*

**SELECT TYPE OF
2024 MEMBERSHIP:**

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Individual | \$50 | \$52 |
| <input type="checkbox"/> Family (includes spouses, children under 17) | \$75 | \$78 |
| <input type="checkbox"/> Junior Exhibitor (17 and under) | \$25 | \$26 |
| <input type="checkbox"/> Farm (Owner must be member to compete) | \$100 | \$104 |
| <input type="checkbox"/> Horse Shows | \$100 | \$104 |
| <input type="checkbox"/> Lifetime | \$500 | \$520 |

IS THIS A:

**LIST YOUR EXISTING MEMBERSHIP
NUMBER, IF YOU HAVE ONE:**

**LIST NAMES OF MEMBERS
OR FARM OWNER
(AND AGES FOR JUNIOR EXHIBITORS):**

Age _____

Age _____

Age _____

ADDRESS:

Street

_____, _____

City

State

ZIP

Email _____

Cell phone ____ - _____

DO YOU PREFER ...

- Emailed membership card Printed membership card

AFFILIATED STABLE NAME:

Membership expires on Nov. 30 of each year. If paying via credit card or PayPal, please include the convenience fee with your payment.

PAYMENT AMOUNT ENCLOSED:

\$ _____

SEND THIS FORM AND PAYMENT TO:

ARHPA, Inc.
2755 Bunten Rd.
Duluth, GA 30096

