		Conv	With enience Fee	
SELECT TYPE OF 2025	O Individual	\$50	\$52	
MEMBERSHIP:	O Family (includes spouses, children under 17)	\$75	\$78	
	Junior Exhibitor (17 and under)	\$25	\$26	
	Farm (Owner must be member to compete)	\$100		
	Horse Shows	\$100		
	Lifetime	\$500	\$520	
MEMBERSHIP TYPE	New Membership Renewal Mem	ıbershi	þ	
LIST YOUR EXISTING MEMBERSHIP NUMBER, IF YOU HAVE ONE:				
LIST NAMES OF MEMBERS				
OR FARM OWNER			Age	
(AND AGES FOR JUNIOR EXHIBITORS):			Age	
		A(ge	
ADDRESS:	Street			
	City State	Zip		
	*Email			
	Cell phone ()			
	Cell phone (/			
*EMAIL CARD:	YES NO NO *be sure to include your email address above*			
AFFILIATED STABLE NAME:				
MITILIAILU STAULL HAML.	Membership expires on Nov. 30 of each year. If credit card or PayPal, please include the convenie with your payment.			
PAYMENT AMOUNT ENCLOSED:	\$			



SEND THIS FORM AND PAYMENT TO:

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