

WISCONSIN ARABIAN HORSE ASSOCIATION

Associate Membership Application

Associate memberships are ONLY for Wisconsin Arabian Horse Association programs (Such as Youth programs, Point System program, etc.). This does not give any voting rights. **WAHA Associate memberships do not include membership to Arabian Horse Association.**

Name _____ Business Name (if Applicable) _____

Mailing Address _____

Phone _____ Email _____ DOB (youth only) _____

Type of Membership

Renewal

New

Anyone with a prior year membership is considered a renewal. Circle the appropriate category and amount.

Associate Family Membership \$25.00

Associate Business Membership \$20.00

Associate Adult Membership \$20.00

Associate Youth Membership \$10.00

Total Enclosed \$ _____

A family membership is for married couples who reside at the same address and their unmarried children under 18 at the same address. These children do not have an AHA Youth Membership.

This application is to be submitted with applicable membership dues. The by-laws of this Association, and membership in WAHA becomes effective upon approval by the Board of Directors. Your dues contributions to WAHA are not deductible as charitable contributions. Please consult with your tax advisor to determine provisions relating to the deductibility of business expenses.

The undersigned hereby agrees to be bound by and comply with the Articles of incorporation and By-laws of the Wisconsin Arabian Horse Association

Signature _____ Date _____

Return this form and your check payable to WAHA to:

WAHA

Attn: Amber Severson

3767 Sky High Rd

Cottage Grove, WI 53527