# Central Coast of California Arabian Horse Association
# Membership Application

## Membership Categories

☐ **CCCAHA Adult Membership Only (Auxiliary)** **1 Year** **$40.00**
**Benefits: Participate in all CCCAHA Club Activities, e-mails, newsletters and discounts**
**Term: Annual Membership for Calendar Year (January – December) renews Jan. 1**

☐ **AHA Adult Membership (Affiliate)** **1 Year** **$80.00**
**Benefits: Vote, Serve as Delegate or Officer with AHA and CCCAHA. Eligible for added AHA benefits and national AHA show and award recognition. Membership also includes all local CCCAHA benefits.**
**Term: Annual Membership renewable during month of initial membership**

☐ **AHA Youth Membership (Affiliate)** **1 Year** **$35.00**
**Benefits: Must be under 18 years of age as of December 1 of previous year. Participate in CCCAHA Club and Youth activities, e-mails, newsletters and has AYHA voting rights and is eligible to hold office in AHYA. Membership also includes all local CCCAHA benefits.**
**Term: Annual Membership renewable during month of initial membership**

☐ **AHA Adult Life Membership (Affiliate)** **Lifetime** **$1,500.00**
**Local Club Affiliation (Annual)** **$ 20.00**
**Benefits: Same as AHA 1 Year Adult Membership.**
**Term: Local Affiliation Membership renewable in month of initial membership**

☐ **Modern Arabian Horse Magazine** **$10.00 annually**

☐ **Adult Competition Card including Personal Liability Insurance Benefits** **$35.00 annually**

☐ **Youth Competition Card (Same as Adult Card Benefits)** **$25.00 annually**

**Select the Statement that best describes your interest in Arabian/Half Arabian/Anglo-Arabian Horses:**

☐ ***Own an Arabian, etc.*** ☐ ***Lease an Arabian, etc.*** ☐ ***Do not own or lease, but hope to***

☐ ***Own another breed, but enjoy community/equine activities*** ☐ ***Other*** _____

**I hereby apply for membership in CCCAHA/AHA as indicated below. I understand that affiliate membership includes membership in the Arabian Horse Association (AHA). I promise to conform and abide to all applicable laws and by-laws pertaining to membership in the organization(s)**

**TODAYS DATE _____ / _____ / _____ (Please Print Clearly)** **PHONE NUMBER ( ) _____**

**First Name: _____ Last Name: _____** ☐ **Male** ☐ **Female**

**Street Address: _____ City: _____ State: _____ Zip: _____**

**DOB (Youth Membership Only) _____/_____/20_____ E-Mail Address: _____@_____.___**

☐ **New Membership** ☐ **Renewal Membership** **(AHA # _____)**

**Photo/Video Permission: I have read and un=derstand that photos and/or video images in which I may appear, that are taken at CCCAHA/AHA events are sometimes included on the CCCAHA.org or AHA.ORG websites or other social media platforms, newsletters, posters, flyers and other promotional media and that by signing below, accept these conditions for membership.**

**Signature: _____ Date: _____**

**Signature of Parent or Legal Guardian (if under 18 years of age) _____**

**Total Amount Included: $_____ Send completed form to: CCCAHA PO Box 129, Arroyo Grande, CA 93420**