



Wisconsin Desert Horse Association

An Affiliate Club of the Arabian Horse Association

(Please note your application cannot be processed without complete information)

For Office Use:

Name (A) _____ Date: _____

Name (B) _____ Phone: (H) _____

Farm Name _____ Phone: (C) _____

Address _____

City _____ State _____ Zip _____

Email _____

Membership Type: New _____ Renewal _____

Level 1 and 2 memberships include AHA membership. WDHA will process your AHA membership on your behalf. Please allow up to two (2) weeks for processing. \$15 of the Adult membership fee are WDHA club dues.

Level 1 (AHA & WDHA Membership)

Adult membership consists of AHA Membership and WDHA voting and club privileges, including WDHA value-added programs (High Point, Futurity/Maturity, etc.) Youth 19 years and under as of Dec 1, prior year.

			Fees
Youth 1 yr.	Date of Birth _____	Current AHA Number _____	\$ 20 _____
Adult 1 yr.	Date of Birth _____	Current AHA Number _____	\$ 70 _____
Adult 3 yr.	Date of Birth _____	Current AHA Number _____	\$190 _____

Level 2 (AHA & WDHA Membership + competition card)

Consists of everything listed in Level 1 plus Competition Card. Youth 19 years and under as of Dec 1, prior year.

Youth 1 yr.	Date of Birth _____	Current AHA Number _____	\$ 50 _____
Adult 1 yr.	Date of Birth _____	Current AHA Number _____	\$ 110 _____
Adult 3 yr.	Date of Birth _____	Current AHA Number _____	\$ 310 _____

\$3 admin fee ≤ per \$100 to cover AHA processing fee

i.e. Adult @ \$65 + \$3 = \$68
i.e. Adult w/competition card \$105 + \$6 = \$111
i.e. Adult 3 yr \$180 + \$6 = \$186
i.e. Adult 3 yr w/competition card \$300 + \$9 = \$309

Subtotal

Admin Fee

Total

Associate Membership

Associate membership is offered to a rider/trainer/handler and/or non-owners only*. Club privileges are not included.

Associate membership runs Jan 1 - December 31st. Youth 19 years and under as of Dec 1, prior year.

Youth 1 yr.	Date of Birth _____		\$ 10 _____
Adult 1 yr.	Date of Birth _____		\$ 25 _____
1 yr. Family of 2	Date of Birth (A) _____	Date of Birth (B) _____	\$ 40 _____

*Except for "a" co-owner that participates in WDHA value added programs (See HP Rule #5)

Total

**Make Checks Payable to WDHA and Mail to:
Allow 14 days prior expiration
to process membership**

**Marie Schickowski
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Phone: 920-676-3689**