



## 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 the WDHA value-added programs (High Point, Futurity/Maturity, etc.) Youth 18 years and under**

			<b>Fees</b>	
Youth 1 yr	Date of Birth _____	Current AHA Number _____	\$ 20	_____
Adult 1 yr	Date of Birth _____	Current AHA Number _____	\$ 65	_____
Adult 3 yr	Date of Birth _____	Current AHA Number _____	\$180	_____

### Level 2 (AHA & WDHA Membership + competition card)

**Consists of everything listed in Level 1 plus Competition Card. Youth (18 & under)**

Youth 1 yr	Date of Birth _____	Current AHA Number _____	\$ 50	_____
Adult 1 yr	Date of Birth _____	Current AHA Number _____	\$ 105	_____
Adult 3 yr	Date of Birth _____	Current AHA Number _____	\$ 300	_____

**\$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 run Jan 1 - December 31st**

Youth 1 yr	Date of Birth _____		\$ 10	_____
Adult 1 yr	Date of Birth _____		\$ 25	_____
Family of 2	Date of Birth (A) _____	Date of Birth (B) _____	\$ 40	_____
				<b>Total</b> _____

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

**Marie Schickowski**  
**1629 Bond Ct., Green Bay, WI 54303**  
**Phone: 920-676-3689**