

# 2023 BAHA MEMBERSHIP APPLICATION

<p><b><u>AHA Adult Competition</u></b></p> <p>___ \$100 One Year ___ \$285 Three Year</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>▶ 1 BAHA Membership</li> <li>▶ 1 AHA Membership w/benefits</li> <li>▶ AHA Competition Card</li> <li>▶ BAHA Voting Rights</li> <li>▶ Region 14 Benefits</li> <li>▶ Eligible for Region Delegate</li> </ul>	<p><b><u>AHA Youth Competition</u></b></p> <p>___ \$45 One Year</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>▶ 1 BAHAY Membership</li> <li>▶ 1 AYHA Membership w/benefits</li> <li>▶ AHA Competition Card</li> <li>▶ BAHA Voting Rights</li> <li>▶ Region 14 Benefits</li> <li>▶ Eligible for Region Delegate</li> </ul>	<p><b><u>AHA Adult Non-Competition</u></b></p> <p>___ \$65 One Year ___ \$195 Three Year</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>▶ 1 BAHA Membership</li> <li>▶ 1 AHA Membership w/benefits</li> <li>▶ BAHA Voting Rights</li> <li>▶ Region 14 Benefits</li> <li>▶ Eligible for Region Delegate</li> </ul>	<p><b><u>AHA Youth Non-Competition</u></b></p> <p>___ \$20 One Year</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>▶ 1 BAHAY Membership</li> <li>▶ 1 AHYA Membership w/o benefits</li> <li>▶ BAHAY Voting Rights</li> <li>▶ Region 14 Benefits</li> </ul>

<p><b>BAHA Adult Associate</b></p> <p>___ \$10/year (January 1-December 31, 2022)</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>▶ 1 BAHA Membership</li> <li>▶ BAHA Voting Rights*</li> <li>▶ No Region 14 Membership/Benefits</li> <li>▶ No AHA Membership</li> <li>▶ Not Eligible for Region Delegate</li> </ul> <p>* excludes election of officers &amp; AHA issues</p>	<p><b>BAHA Youth Associate</b></p> <p>___ \$0/yr (January 1-December 31, 2022)</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>▶ 1 BAHAY Membership</li> <li>▶ BAHAY Voting Rights (youth club matters only)</li> <li>▶ No AHA Membership</li> <li>▶ No Region 14 Membership/Benefits</li> </ul>
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**Please provide all information required below:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ (required by AHA)

Farm Name \_\_\_\_\_ AHA# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

ADDITIONAL DONATION: \$ \_\_\_\_\_

**Please indicate in what area you would like to help. Volunteers are what makes our club fun and strong!**

\_\_\_ Horse Show \_\_\_ Dressage/Sport Horse \_\_\_ Trail Rides

\_\_\_ Host General Meetings \_\_\_ High Point \_\_\_ Horse Show Set Up

Other \_\_\_\_\_

**Please mail application with check (payable to BAHA) to:**  
**Bluegrass Arabian Horse Association PO Box 1027 Georgetown, KY 40324**  
**Visit us: [www.bluegrassarabians.org](http://www.bluegrassarabians.org) Contact us: [bluegrassarabian@gmail.com](mailto:bluegrassarabian@gmail.com)**