

**BLUE RIDGE ARABIAN HORSE ASSOCIATION
MEMBERSHIP 2024**

mail to: Bonnie Kessler, 714 Old Joppa Road, Joppa, MD 21085

PSFarm@comcast.net, 410-893-8569

Name _____ DOB _____

Address _____

_____ zip _____

Phone _____ Email _____

Farm Name _____ If New Member Check Yes _____

CHECK MEMBERSHIP DESIRED (PLEASE READ CAREFULLY)

VOTING AHA/BRAHA MEMBERSHIP: *vote on club matters, hold club offices including AHA delegate - DOES NOT include competition card with excess personal liability insurance.*

***THIS MEMEBERSHIP TYPE CAN BE DONE ON LINE - WWW.ARABIANHORSES.ORG**

	<u>FEES</u>
___ ADULT (individual-one year)	On Line
___ ADULT (individual-three year)	On Line
___ YOUTH (NON voting) (18 years or younger as of Dec 1 of previous year)	On Line

****COMPETITION CARD**** *Add to your membership fees if you compete in or officiate at AHA recognized events (included in this fee is the excess personal liability insurance for US residents)*

***THIS MEMEBERSHIP TYPE CAN BE DONE ON LINE - WWW.ARABIANHORSES.ORG**

___ ADULT (with club affiliation one year)	On Line
___ ADULT (with club affiliation three year)	On Line
___ YOUTH (one year)	On Line

BRAHA MEMBERSHIP (NON VOTING) *invited to all BRAHA functions, may enroll in Maryland Futurity and High Point Program*

___ INDIVIDUAL (ONE YEAR-non AHA)	\$20.00
___ FAMILY (ONE YEAR-non AHA)	\$25.00
___ YOUTH (ONE YEAR-non AHA, 18 yrs & younger)	\$10.00
___ SENIOR INACTIVE (ONE YEAR-non AHA)	\$15.00

Please make check payable to BRAHA TOTAL AMOUNT \$ _____

List each member with DOB for Youth

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |