



Ocala Arabian Horse Association

An AHA Affiliate Club

Associate MEMBERSHIP APPLICATION

This membership option includes voting rights to non-AHA matters, access to information about club hosted shows, rides, meetings and activities.

Application Date: _____

NAME: _____

Birth date: _____
(Juniors Only)

Farm Name: _____

Home Phone : (____) _____

Address: _____

Work Phone: (____) _____

City, State, Zip Code: _____

E-Mail or Web _____

SIGNATURE: _____

(Parent or guardian must sign for a Junior Member)

Note: Please go to www.arabianhorses.org to join and be affiliated with O.A.H.A.
You can sign up for your membership, competition card and affiliation on their site,
Thank you

Associate only membership requests please use

One Year OAHA Associate Membership (no AHA Affiliation) \$20.00 _____

TOTAL SENT WITH APPLICATION \$ _____

Please make checks **Payable to OAHA**
Mail to: Rob Janecki / OAHA treasurer

6455 SW 73rd Street
Ocala, FL 34476