



THE ARIZONA STATE HORSEMEN'S ASSOCIATION
 P.O. BOX 31758
 PHOENIX, AZ 85046-1758
 (602) OR (800) 867-6814

APPLICATION FOR MEMBERSHIP/RENEWAL
 FOR THE YEAR 20_____

- INDIVIDUAL OR FAMILY: \$20.00 LAST NAME: _____
- BUSINESS: \$50.00 FIRST NAME(S): _____
- CLUB OR ASSOCIATION \$35.00 Names _____
 (Please submit membership roster) +\$5/per member

• CLUB NAME _____

President: _____ Address: _____

Contact: _____ City, State, Zip: _____

Phone: _____ Phone: _____ Fax: _____

ASSOCIATE \$10.00 E-Mail: _____

ASHA Member club _____

• if you are joining ASHA as a club/group, PLEASE, we need ALL current information filled out under the CLUB NAME.



Please indicate your interests:

Breed: _____ Activity: _____

Would you like to become involved with an ASHA committee? Yes _____ No _____

Please send me:

- _____ ASHA regular decals @ \$1.00/each
 _____ ASHA large trailer decals @ \$15.00/each.

I have included money \$_____ with my membership dues.

 Signature

 Date

| |
|-----------------------------------|
| PLEASE DO NOT WRITE IN THIS SPACE |
| DATE: _____ |
| AMOUNT: _____ |
| CHECK: _____ CASH _____ |
| TAKEN BY _____ |