

MEMBERSHIP

- SELECT TYPE OF MEMBERSHIP:**
- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | Individual | \$50 |
| <input type="checkbox"/> | Family (includes spouses, children under 17) | \$75 |
| <input type="checkbox"/> | Junior Exhibitor (17 and under) | \$25 |
| <input type="checkbox"/> | Horse Shows | \$100 |
| <input type="checkbox"/> | Lifetime | \$500 |

**LIST YOUR EXISTING MEMBERSHIP
NUMBER, IF YOU HAVE ONE:**

**LIST NAMES OF MEMBERS
(AND AGES FOR JUNIOR EXHIBITORS):**

_____ Age _____

_____ Age _____

_____ Age _____

ADDRESS:

Street

City

State

ZIP

Email _____

Cell phone (____) ____ - _____

DO YOU PREFER ... Emailed membership card Printed membership card

STABLE NAME:

PAYMENT AMOUNT ENCLOSED: \$ _____

**SEND THIS FORM AND INCLUDE
CHECK PAYABLE TO:**

ARHPA, Inc.
2755 Buntan Rd.
Duluth, GA 30096

Visit online at *Roadster.show*

