



Central Coast of California Arabian Horse Association
 Membership Application
www.ccca.org

Membership Categories

- CCCAHA Membership Only (Auxiliary) 1 Year \$35.00**
 Benefits: Participate in CCCAHA Club Activities, e-mail blasts, newsletters
 Term: Annual Membership for calendar year (Jan - Dec), renewable Jan 1
- Adult AHA Membership (Affiliate) 1 Year \$70.00**
 Benefits: Vote, Serve as Delegate or officer with AHA & CCCAHA. Eligible for added AHA benefits and national AHA show and award recognition. Membership includes local CCCAHA benefits
 Term: Annual Membership renewable during month of initial membership
- Youth AHA Membership (Affiliate) 1 Year \$30.00**
 Benefits: Must be under 18 years of age as of Dec 1 of previous year. Participate in CCCAHA Club and Youth Activities, e-mail blasts, newsletters, and has AHYA voting rights and eligibility to hold office or serve as delegate in AHYA only
 Term: Annual Membership for calendar year (Jan - Dec), renewable Jan 1
- Adult Life Membership Lifetime \$1,500.00**
 Local Club Affiliation (Annual) \$ 20.00
 Benefits: Same as 1 year Membership
 Term: Renewable three (3) years after joining during month of initial membership
 Optional Membership Extras (AHA Affiliate Member(s) Only)
- Modern Arabian Horse Magazine \$10.00 Annually
- Adult Competition Card including Personal Excess Liability Ins. Benefits \$35.00 Annually
- Youth Competition Card (same as Adult Card for Benefits) \$25.00 Annually

Select the Statement that best describes your interest in Arabian/Half-Arabian/Anglo-Arabian Horses

- Own an Arabian Lease an Arabian Do not own or Lease, but hope to
 Own another breed but enjoy community/equine activities Other _____

I hereby apply for membership in CCCAHA/AHA as indicated below. I understand that affiliate membership includes membership in the Arabian Horse Association (AHA). I promise to conform to all applicable by-laws and rules

TODAYS DATE ____/____/____ (PLEASE PRINT CLEARLY) PHONE NUMBER () _____

First Name _____ Last Name _____ Male Female

Street Address _____ City _____ State _____ Zip _____

DOB (Youth Membership Only) ____/____/____ E-MAIL ADDRESS _____@_____

New Membership Renewal Membership AHA # _____

Photo/Video Permission: I have read and understand that photos and video images, in which I may appear, are taken at CCCAHA /AHA events are sometimes included on the CCCAHA.org website and/or CCCAHA Facebook Page, in print, newsletters and other promotional media and by signing below, accept these conditions for membership.

Signature: _____ Date: ____/____/____

Signature of Parent or Legal Guardian (if applicant is under 18 years of age) _____

Total Amount Included: \$ _____ Send Completed Form and Dues to: CCCAHA PO Box 129, Arroyo Grande, CA 93420

I am interested in participating in, learning about or helping with:

- | | | | | | | |
|-----------------|-------------------|-----------------|----------------|-------------------|----------|--------|
| Local Showing | Taking Lessons | Clinics | AHA Shows | Breeding | Dressage | Racing |
| Endurance | Competitive Trail | Camping/Packing | Pleasure Trail | Parade/Drill Team | | |
| Cutting/Reining | Farm/Ranch | Club Officer | Social Events | | | |