

DAFFODIL ARABIAN HORSE ASSN OF WASHINGTON MEMBERSHIP APPLICATION

- AHA/DAHA New Member AHA/DAHA Renewal
 DAHA Associate Membership (non-voting DAHA only)

NAME _____ SOCIAL SECURITY # _____
ADDRESS _____ PHONE (____) _____
CITY, ST, ZIP _____ WK PHONE (____) _____
DATE OF BIRTH _____ (youth members only) E-MAIL _____

AHA/DAHA MEMBERSHIP Adult - \$55.00 year Youth - \$25.00 year

For renewals only - if mailed after December 31, 2005, include an additional \$10.00 for AHA late renewal fee.

Please make check payable to AHA for new and renewing AHA/DAHA memberships.

RENEWING MEMBERS mail directly to: AHA, 10805 East Bethany Drive, Aurora, CO 80014-2605

NEW MEMBERS mail to: DAHA, Ramona Hess, 22509 141st Ave. E., Graham, WA 98338

DAHA ASSOCIATE MEMBERSHIP DAHA Associate - \$15.00 year

Associate membership does not include an IAHA membership (non-voting DAHA only).

Please make check payable to DAHA for associate memberships.

DAHA ONLY MEMBERS mail to: DAHA, PO Box 816, Spanaway, WA 98387 IAHA Club #5117