



Conejo Valley  
**Arabian Horse**  
 Association

www.cvaha.org

## Membership Application

*I hereby apply for membership in the Conejo Valley Arabian Horse Association (CVAHA).*

*I promise to conform to the by-laws and rules of this club.*

**For AHA membership you MUST include birth date and social security number.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Ph ( \_\_\_\_\_ ) \_\_\_\_\_

E: Mail Address \_\_\_\_\_ Would you like to receive email news? \_\_\_\_\_

Please Check Type of Membership

- AHA 1 Year Adult + CVAHA ..... \$40.00
- AHA 1 Year Adult Competition + CVAHA ..... \$60.00
- AHA 1 Year Youth Membership + CVAHA ..... \$20.00
- AHA 1 Year Youth Membership Competition + CVAHA ..... \$30.00
- AHA 3 Years Adult + CVAHA ..... \$115.00
- AHA 3 Years Adult Competition + CVAHA ..... \$175.00
- CVAHBA Social Membership Adult ..... \$18.00
- CVAHBA Social Family Membership ..... \$25.00
- AHA **Renewal LATE FEES** (does not apply to new members) (after Dec. 31<sup>st</sup>) ADD \$10.00

<u>AHA Member's Name</u>	<u>AHA#</u>	<u>Soc. Sec. #</u>	<u>Birthdate</u>
_____	_____	____ - __ - ____	_____
_____	_____	____ - __ - ____	_____

If this is a family membership, please list all names: (include youth's age & birthdate)

\_\_\_\_\_

What activities would you like to see our club support?

\_\_\_\_\_

Would you be willing to serve or help on a committee?  Yes  No If yes ,which? \_\_\_\_\_

**Please forward application to:** Debbie Cohen-Sitt, CVAHA Show Mgr  
 1792 Erringer Road, Simi Valley, CA 93065  
**Please make checks payable to "CVAHA",**  
**new applications are processed by the 25th of each month.**  
**Questions? Please Contact:** DEBBIE COHEN-SITT - 818-400-8975

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_