



Strathcona All Breed Horse Association
 Box 3168, Sherwood Park, AB T8A 2T2

SAHA Meetings: 730pm on the FIRST THURSDAY of each month at the Ardrossan Memorial Hall!

2012 Membership Application Form
 (Calendar Year: January 1 to December 31)
Renew early for continued benefits!

Section 1 – MEMBER INFORMATION

Please Circle

New Member: YES / NO Renewal: YES / NO If new, how did you hear about SAHA? _____

Can you download from the website? YES / NO _____

Would you like to receive the newsletter by regular mail or email? MAIL / EMAIL

PLEASE PRINT CLEARLY:

Surname	First Name	Spouse / Partner Name
Address	City / Province	Postal Code
E-Mail Address	Home Phone	Additional Phone

Section 2 – MEMBERSHIP TYPE

Single Membership	Voting Member over 18 years of age	\$20.00	_____
Family Membership	Voting Members (2 adults over 18 years) and children (under 18 years)	\$30.00	_____
Youth Membership	Non-Voting Member under 18 years of age Date of Birth: _____	\$10.00	_____
			TOTAL _____
Family members names & ages of children: _____			

Signature of Member	Signature of Second Adult Voting Member	Date
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Section 3 – AEF INFORMATION

For INSURANCE purposes, each member is required to hold an AEF (Alberta Equestrian Federation) #: _____
 To become an AEF member, application forms can be found here: www.albertaequestrian.com
 Payment must be made directly to AEF.

Section 4 – ACTIVITY & GENERAL INFORMATION

SAHA thrives and survives on YOUR involvement. Please indicate which areas are of interest to you:

<input type="checkbox"/> Clinics	<input type="checkbox"/> Family Activities	<input type="checkbox"/> Parades	<input type="checkbox"/> Trail Rides
<input type="checkbox"/> Professional	<input type="checkbox"/> Shows	<input type="checkbox"/> Social / Special Events	<input type="checkbox"/> Other

Please specify other areas of interest for joining SAHA: _____

Please suggest topics for clinics / speakers: _____

Would you like to VOLUNTEER: YES / NO If yes, can we phone / email you? YES / NO

Do you have First Aid / CPR: YES / NO

Do you operate a business / hobby which SAHA could promote / support? _____

By signing this form you are providing consent for your Name, Phone Number, Address and Email address to be used in the SAHA Newsletter and / or Directory. This information will NOT be put on the Website

FOR OFFICE USE ONLY:

Member #: _____ Date Rec'd: _____ Paid By: CASH / CHQ # _____

Membership Card: YES / NO * Membership cards will be brought to each monthly meeting for pick up (beginning February).