



STRATHCONA ARABIAN HORSE ASSOCIATION

Box 3168, Sherwood Park, AB T8A 2T2

www.saha.ab.ca

2010 MEMBERSHIP APPLICATION FORM

(CALENDAR YEAR: January 1st to December 31st)

Please renew early for continued benefits

Section 1 – MEMBER INFORMATION

New Member: Yes / No Renewal: Yes / No Can you download from our website? Yes / No

Do you want to receive the newsletter by mail? Yes / No

If NEW, How did you hear about our club? _____

PLEASE PRINT:

Surname _____ First Name _____ Spouse/Partners Name _____

Address _____ Postal Code _____

E-mail address _____ Home phone _____ Work phone _____ Fax _____

Single Membership Voting Member over 18 years of age \$ 20.00

Family Membership Voting Members (2 Adults) and children under the age of 18 Years \$30.00

Youth Membership Non-Voting Member Under 18 Years of Age – Birth Date: _____ \$10.00

Total \$ _____

Please name family members and ages of children: _____

I HEREBY APPLY FOR MEMBERSHIP IN THE STRATHCONA ARABIAN HORSE ASSOCIATION, SUBJECT TO ITS CHARTER AND BY-LAWS, A COPY OF WHICH I HAVE / WILL BE PROVIDED TO ME (please circle) AND WHICH I UNDERTAKE TO READ & UPHOLD.

Signature of Member _____ Signature of Second Adult Voting Member _____ Date _____

Section 2– AEF INFORMATION

For INSURANCE purposes each member is required to hold an AEF membership. Insert your AEF #: _____

(If you are NOT currently an AEF member, please obtain and complete an application form and send it, and your cheque, directly to AEF.)

Section 3 – GENERAL INFORMATION

Team Involvement: SAHA survives on your TEAM participation. Please indicate which team(s) you would like to be a part of:

- Clinics Family Activities Parades
- Professionals Shows Social Events
- Special Events Trail Rides Other Activities

Why did you join SAHA? _____

Speakers and/or clinics: Please suggest Topics/Speakers: _____

Do you wish to be contacted via e-mail about upcoming SAHA events? _____ Do you have a current First Aid and/or CPR Certificate? _____

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

WON'T YOU JOIN US?

Please bring your Membership Application to the Next General Meeting **OR** mail your Application to the address above.

Meetings are held the first Thursday of every month (except July and August) at the Ardrossan Memorial Hall

FOR OFFICE USE ONLY: Member #: _____ Date Rec'd: _____
Paid by: Cash _____ Cheque _____ Cheque #: _____
MEMBERSHIP INFORMATION SENT: Membership Card: _____ Directory: _____ Bylaws: _____