

Office Use Only

Year

Date Received

Expiration Date

Updated AHA

Updated GAHA

Will Expire

BOD Approval Date:

***Office Use Only***

Year

Date Received Expiration Date Updated AHA Updated GAHA Will Expire BOD Approval Date:

**2020 GAHA-Only Membership Form**

***Non Voting & Non-AHA***

**Membership to be re-newed 1st of the year**
[www.Georgia-Arabian.com](http://www.georgia-arabian.com)

info@georgia-arabian.com

# Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Birthdate (youth members only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Farm Name/Business Name *(Optional)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_ Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply for membership *(or membership renewal)* in the Georgia Arabian Horse Association (GAHA) and agree to abide by the By-laws and Rules set forth by the Georgia Arabian Horse Association.

**Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **GAHA ONLY MEMBER** **Adult and / or Youth** |  | **$20** | $ |  |
|  | **Service Charge for Using Paypal** |  | **$5**  | $  |   |
|  | *\* Canadian applications will be assessed an additional 5% to cover the GST with GAHA and AHA. Fee will be waived if you use FRIENDS AND FAMILY OPTION* |  |  |   |  |
|  |  |  |  |  |  |
|  | **Total Enclosed** |   |  | $  |   |

**Please email a copy of your membership form to** **membership@georgia-arabian.com**

**& include a copy with your payment (if paid by check).**

 **Payment Options for Your Membership:**

*All GAHA members in good standing are eligible to participate in the GAHA High Point Awards program with nomination submission.* Points are earned from November 1 through October 31. Nominations may be sent at any time, however, nominations after March 1 will result in only points sent after that nomination date being counted towards year-end awards. Nominee must be a GAHA member in good standing at the time points are earned. Questions? Contact Connie Green at 770-974-8040 or conniehgreen@aol.com.

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**CHECK**

Make check payable to the Georgia Arabian Horse Association.

Please note "MEMBERSHIP" and Member Name on check.

and mail to: GAHA Treasurer, Susan White, 206 Glover Road, Zebulon, GA 30295

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**PAYPAL**

Please use the "FRIENDS & FAMILY" Option.

**If you choose to use a Credit Card please add an additional 3.5% or $5.00 to**

**your amount for the Credit Card processing fee.**

Please note "MEMBERSHIP" and MEMBER NAME on NOTES section on payment.

[https://www.paypal.me/GeorgiaArabian](https://www.paypal.me/GeorgiaArabian?fbclid=IwAR14anB7gKgEyX9VjSJWS08Dp9DU3eAv1F4ksT6SGAhR6SJy-GrXE0ooJsA)