



Membership Application and AHA Dues Structure

Name: _____ Date of Birth: _____

AHA#: _____ (required for AHA renewal)

Address: _____

Email: _____

Telephone: _____

Farm Name: _____

_____ **New** Membership Application

_____ **Renewal** Membership Application

Adult AHA & EKAHA Membership - 1 club vote & AHA membership must be 19 or over
Must have competition card to show

With Competition Card: _____ 1 year \$100.00 _____ 3 year \$280.00

Without Competition Card: _____ 1 year \$65.00 _____ 3 year \$175.00

Youth AHA & EKAHA Membership (no competition card) - 1 club & AHA membership
Must have competition card to show. **AHA requires Youth Birthdays**

With Competition Card: _____ 1 year \$55.00

Without Competition Card: _____ 1 year \$30.00

_____ **Affiliate EKAHA Membership** – 1 club vote (AHA membership with another club)

_____ **Associate EKAHA Membership** – 1 club vote (No AHA membership)

_____ 1 year \$15.00

_____ 3 year \$40.00

_____ **Youth EKAHA Membership** – (No AHA membership) must be under 19 years

_____ 1 year \$10.00

Return Form to: info@ekaha.org

Please make checks payable to EKAHA (check www.EKAHA.org for current Treasurer to mail to)