



Today's Date _____

Arizona Horse Council

Membership Application New & Renewal

NAME: 1ST _____ M.I. _____ Last _____

SPOUSE: 1 ST _____ M.I. _____ Last _____

SIGNATURE: _____

CHILDREN: _____, _____, _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ PHONE: _____

EMAIL ADDRESS: _____

OTHER HORSE CLUBS/ASSOC MEMBERSHIPS YOU HOLD:

YOUR AREA OF INTEREST OR EXPERTISE IN HORSES IS:

TYPES OF MEMBERSHIP

- | | | |
|---|------------|-------|
| 1. INDIVIDUAL OR FAMILY | | \$35 |
| 2. THREE YEAR INDIVIDUAL /FAMILY | | \$90 |
| 3. AFFILIATE * (for members of Organizations that are members of AzHC for 2014) | | \$25 |
| 4. THREE YEAR AFFILIATE | | \$65 |
| 5. LIFETIME INDIVIDUAL/FAMILY | | \$300 |
| 6. Add \$1 Million Limited Liability Insurance to your membership | Individual | \$21 |
| | Family | \$40 |

PLEASE MAKE CHECK PAYABLE TO: ARIZONA HORSE COUNCIL
AND MAIL TO:

AZ HORSE COUNCIL P.O. Box 1283, Maricopa, AZ 85139

DO NOT MAIL CASH.

You can now pay on-line at: www.ArizonaHorseCouncil.org

Are you interested in making a real difference?

We are seeking individuals that are passionate about having an impact on the Arizona Horse Industry and Equestrian lifestyle and willing to make a commitment.

Yes I am willing to make a commitment to help make a real difference

No I cannot make a commitment at this time