



SYVAHA
Kim Shackelford - Membership Chair
PO Box 306
Santa Ynez, CA 93460

Membership Application

Member Name - Adult or Youth: _____

Date of Birth (if requesting Competition Card or Youth): _____

Farm/Ranch: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

AHA Number (for renewing members): _____

Membership Options

Voting Membership with Competition Card
Required for AHA & SYVAHA - Sanctioned Competitions
(includes SYVAHA, AHA Region 2 & Pacific Slopes Membership)

Adult: _____

One Year \$90 _____ Three Years \$255 _____

Youth: _____ One Year \$60 _____

Age 18 or under as of December 1, of previous year

Voting Membership "NO" Competition Card

Adult: _____

One Year \$55 _____ Three Years \$150 _____

Youth: _____ One Year \$25 _____

Age 18 or under as of December 1, of previous year

Payment Options : Credit Card or Check

Credit Card Type or Check # : _____

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

CVS# from back or front of card: _____

Billing Address if different than Above: _____

Billing Zip: _____

**Make Checks Payable To: SYVAHA / Santa Ynez
Valley Arabian Horse Association
PO Box 306
Santa Ynez, CA 93460**

*You may join online at www.arabianhorses.org
(be sure to "Affiliate with a Club" #2026 - for Santa Ynez Valley Arabian Horse Association - SYVAHA Membership.*