



2020 GAHA-Only Membership Form

Non Voting & Non-AHA

Membership to be re-newed 1st of the year

www.Georgia-Arabian.com

info@georgia-arabian.com

Office Use Only
Year
Date Received
Expiration Date
Updated AHA
Updated GAHA
Will Expire
BOD Approval Date:

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:

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

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>