



St. Clair County Arabian Horse Association

ARABIAN
Community Shows™

2010 APPLICATION FOR MEMBERSHIP

Date Joined: _____ Member Number: _____ Renewal: Yes _____ No _____

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Farm Name: _____

E-mail address: _____

Names of All Family Members	Age	Student	Birth date	Rider	
	1/1/10			Yes	No

I assume full responsibility for accident and/or injury to myself, my family, or my horse(s) while participating in the S.C.C.A.H.A.

Signature of Adult Voting Member: _____ Date: _____

Membership Fee: \$20 per family
Make checks payable to: S.C.C.A.H.A.

Mail Completed Form To: Jessica Frey
6273 Myron Rd.
Jeddo, Mi 48032
(810) 327-6757

Please note: In order to qualify for Year-End Awards, each exhibitor needs to supply a \$30 Class Sponsorship.

Check box if you do not want phone and/or e-mail address in Association directory.