



# AMERICAN COLLEGIATE HORSEMEN'S ASSOCIATION

## Individual Membership Form

*\$5 per member*

School: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Major: \_\_\_\_\_

Local Club Officers Position Held (if any): \_\_\_\_\_

National Officer Position Held (if any): \_\_\_\_\_

Local Club Advisor Name: \_\_\_\_\_

Local Club Advisor E-mail: \_\_\_\_\_

Academic Year (circle one): FR SO JR SR

Send club and individual membership forms with checks payable  
to *ACHA* to: Dr. Pam Mitcham

National ACHA Advisor

302 Bibb Street

Marion, AL 36756