



American Collegiate Horsemen's Association

Club Membership Form

\$35.00 per club if paid by November 1st

\$50.00 per club after November 1st

School: _____

Club Name: _____

Address: _____

National ACHA Officers from your club:

Local Club President Name & E-mail:

Local Club Treasurer Name & E-mail:

Local Club Advisor Name: _____

Local Club Advisor E-mail: _____

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

National ACHA Advisor

302 Bibb Street

Marion, AL 36756