



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 Boliew
National ACHA Advisor
302 Bibb Street
Marion, AL 36756