



# American Collegiate Horsemen's Association

## Club Membership Form

*\$35.00 per club if paid by November 1<sup>st</sup>*

*\$50.00 per club after November 1<sup>st</sup>*

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. Debra Powell  
National ACHA Advisor  
3301 Hocking Parkway  
Nelson OH 45764