



American Collegiate Horsemen's Association

Individual Membership Form

\$5.00 per member^t

School: _____

Name: _____

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
Nelsonville OH 45764