

East Alabama Horsemen's Association (EAHA)

When you join one or more "member clubs" of EAHA, you become a member of EAHA.

Join all clubs to compete for their year-end awards.

This is a combined membership form.						
Member Clubs						
Membership Year: 2024	Year-End Awards	Arena Use	Individual	Family	62+	Total*
<input type="checkbox"/> Alexander City Horse Riding Club Walkabout Ranch, New Site, AL	Yes	Yes	\$15	\$30	\$0	\$
<input type="checkbox"/> Tri County Riding Club Chambers Co Ag Arena, LaFayette, AL	Yes	Yes	\$10	\$25	\$0	\$
<input type="checkbox"/> Whistle Stop Ranch Riding Club Rockford, AL (Shows @ Cedar Creek Cowboy Church Arena, Childersburg, AL)	Yes	No	\$15	\$30	\$0	\$
<input type="checkbox"/> EAHA Youth Club (17 & Under) (Shows @ Chambers Co Ag Arena, LaFayette, AL)	Yes	No	\$15			\$
					Total:	\$

** If you have already joined a club through another form or choose not to join a club, enter "NO" in the Total field of that club on this form.*

This is to certify that the below listed participant(s)/parent/guardian do hereby release East Alabama Horseman's Association (EAHA), Alexander City Horse Riding Club (ACHRC), EAHA Youth Club, Tri County Riding Club (TCRC) and Whistle Stop Ranch Riding Club (WSRRC) (herein referred to as "EAHA and Member Clubs"), Cedar Creek Cowboy Church, Walkabout Ranch, Chambers County, Chambers County Agricultural Arena, or any of their agents, successors, or assigns, from all liability, claims or demands for any and all injuries or damages to persons or personal property, including but not limited to any and all livestock used in EAHA and Member Clubs' events by said participant(s) arising or which may arise from any accidents which may occur while participating in or attending any events hosted by EAHA and Member Clubs'. The substantive intent of this release is to include identical provisions for liability release for participating adults and minors as identified below.

Member Names

Youth Birthdates

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Address: _____

Email: _____

Phone: _____

Signature of Participant/Parent/Guardian: _____

Date: _____

Mail to: EAHA, 6386 Childersburg Fayetteville Hwy, Childersburg, AL 35044

NOTE: Official membership effective date will be the date turned in or post mark date if mailed.

Office Use Only

Dues Paid By:

Date Rec'd ____/____/____ **Check #** _____ **Cash \$** _____ **Rec'd By:** _____