



"Treatment with the Help of the Horse"

## AHA Inc. Individual Membership Form

\$55 or \$70 for International

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

*\*\*\*Individual memberships are intended for the non-professional who would like to be affiliated with AHA. If you are a Physical, Occupational, or Speech Therapist, please join as a Professional Member.*

### Payment Method - Leave blank if paying online

Credit Card – we accept:    Mastercard    Amex    Visa    Discover

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_  
(3 digit Security Code)

Fax to: 877-700-3498

Check# \_\_\_\_\_ *(Please make checks payable to AHA)*

For Check and mail in CC orders please send to:    AHA, Inc.  
2537 Research Blvd. Suite 203  
Fort Collins, CO 80526

*\*\*\*Memberships will require renewal one year from the date of the application\*\*\**