



"Treatment with the Help of the Horse"

AHA Inc. Student Membership Form

\$55 or \$70 for International

Name: _____

Mailing Address: _____

City/State: _____

Zip Code: _____ Phone: _____

Referred By: _____

Email*: _____

Secondary Email: _____

**To qualify – student members must provide their .edu or university email address*

School Name & Field of Study:

- I would like to apply for the Student Outreach Fund Scholarship. Included is my \$5.00 application fee for US Students or \$15 for International Students. If approved I owe nothing more. If not approved, the fee will go towards the total \$55 or \$70 cost and is non-refundable.

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****