

Please note: As of 01.01.08, all AMHyA memberships are valid until 12.31 of the year the youth turns 18. Youth Memberships do not have Registration privileges. In order to conduct Registration transactions, there must be a regular AMHA membership on all Registration paperwork. Replacement cards are \$5 each upon request. Applicant agrees to abide by all the Rules, Regulations and decisions of the AMHA, its Officers and Directors or its appointees. Questions? Email - info@amha.org. There is an additional fee of \$5.00 If Youth Membership is purchased at a local Show

## Youth Information:

Name:				
First	Mid	ldle Initial	Last	
Male I	Female			
Age as of January 1	this year:	Birtho	day (mm/dd/yy):	
Street Address:				
City:	State:	_ Zip:	Country:	
Telephone:		Email:		
Parent's Name(s), (F	irst/Last):			
Name of individual(	s) paying for memb	ership if other	than parent or yo	outh:
Individuals Name (F <b>AMHyA</b>	First/Last) Membership is \$			
□Check or Money funds checks will be				
Name as it appears on ca	ard:			
Card #:		Exp. D	ate:	CVV:
Signature:		Billing Zip Code		
Would you be intere (Scholarship fund su	$\sim$	•		L
		ot Send Cash in th		DO TV 76000