



American Appendix Horse
Association
Charter Chapter Application Form

NAME _____
ADDRESS _____ CITY _____ ZIP _____
PHONE _____ WEBSITE _____ E-MAIL _____

Each application must be accompanied by a recent photograph of the applicant. The photograph should be approximately 3"X5" and include only the head and shoulders of the applicant.
Applicants and supporting materials become the property of AAHA and cannot be returned.

Applications should be sent to : AMERICAN APPENDIX HORSE ASSOCIATION
P.O. BOX 1156
SALMON, IDAHO 83467

You may get in touch with AAHA at 208-756-1394 or e-mail AAHA at www.register@americanappendix.com.

The undersigned does hereby waive any right he or she may have to require disclosure to them by the American Appendix Horse Association of any information obtained to evaluate him/her as a prospective Charter Chapter Member, agreeing that accuracy of information concerning the undersigned's character, reputation and abilities to carry out the responsibilities of a Charter Chapter Member is paramount to his/hers disclosure rights, if any.

Signature of Applicant X _____ DATE _____

Charter Chapter Member must hold a current AAHA membership. See Membership Form enclosed.