



2017 Membership Application

Name _____

Spouses Name _____

Farm Name _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Junior Member Name _____ B'Date _____

Junior Member Name _____ B'Date _____

Please Check Type of Membership Desired

Individual Adult Member AHA & AHAD 55.00

Individual Adult Member AHA,AHAD w/competition card 90.00

Individual Adult Member AHAD Only 15.00

Family Membership (2 Adults) AHA & AHAD 105.00

Family Membership(2Adults)AHA AHAD W/competition card 175.00

Family Membership (2Adults) AHAD Only 25.00

Youth Membership AHA & AHAD 30.00

Youth Membership AHA,AHAD,W/Competition card 65.00

Youth Membership AHAD Only 10.00

Family Membership Please list each members name

Youth Memberships Please list Birthdate

Make checks payable to AHAD mail to Resi Wolfe 20059 Shingle Point Rd Georgetown DE 19947