

AHA Membership Form

Lifetime Member



Name: _____

Mailing _____

Address: _____

City / State: _____ Zip: _____

Phone: W/area code: _____

Email: _____

Professional Credentials: _____

Completed AHA Education Courses:

Level 1: Facility _____ Mo/Yr _____

Level 2: Facility _____ Mo/Yr _____

List you on AHA's website under "Find a Therapist": Yes/No

How you should be listed / _____

Payment method: Credit card / CC type: Mastercard / Amex / Visa / Discover

Number: _____ Exp Date: _____

Check (make checks payable to AHA) Mail to: AHA, PO Box 2014 Ft Collins, CO 80522

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

www.Americanhippotherapyassociation.org