

AHA Membership Form

Professional Member



"Treatment with the Help of the Horse"

Name: _____

Mailing

Address: _____

City / State: _____ Zip: _____

Phone: W/area code: _____

Email: _____

Professional Credentials as you should be listed: _____

Completed AHA Education Courses:

Level 1: Facility _____ Mo/Yr _____

Level 2: Facility _____ Mo/Yr _____

List you on AHA's: Find a Therapist*? Yes/No

*You must have completed at least an AHA Level I course to be listed on the website, although you can become a professional level member without this training. If you are attending a course in the future – you will automatically be added to the Find A Therapist listing after the completed course materials are received from the host facility.

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