



"Treatment with the Help of the Horse"

## AHA Inc. Facility Membership Form

Facility Name: \_\_\_\_\_

Facility Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### e-newsletter recipients – Name and email address (limit of 5)

Name/Credentials: \_\_\_\_\_ email: \_\_\_\_\_

Name/Credentials: \_\_\_\_\_ email: \_\_\_\_\_

Name/Credentials: \_\_\_\_\_ email: \_\_\_\_\_

Name/Credentials: \_\_\_\_\_ email: \_\_\_\_\_

Name/Credentials: \_\_\_\_\_ email: \_\_\_\_\_

List the facility on AHA Inc.'s website under "Find a Facility"?

Yes

No

### Payment Method

Credit Card – we accept: Mastercard / Amex / Visa / Discover *(Please Circle type)*

US Facility Membership \$250 / International Facility Membership \$300 Donation: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Check# \_\_\_\_\_ *(Please make checks payable to AHA)*

3 digit Security Code/4 for Amex

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