



"Treatment with the Help of the Horse"

AHA Inc. Individual Membership Form

\$55 or \$70 for International

Name: _____

Mailing Address: _____

City/State: _____

Zip Code: _____ Phone: _____

Referred By: _____

Email: _____

Secondary Email: _____

****Individual memberships are intended for the non-professional who would like to be affiliated with AHA. If you are a Physical, Occupational, or Speech Therapist, please join as a Professional Member.*

Payment Method

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

Number: _____ Expiration Date: _____ CVC: _____

(3 digit Security Code)

Fax to: 877-700-3498

Check# _____ *(Please make checks payable to AHA)*

For Check and mail in CC orders please send to: AHA, Inc.
PO Box 2014
Fort Collins, CO 80522

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