



"Treatment with the Help of the Horse"

AHA Inc. Professional Membership Form

\$95 or \$110 for International

Name: _____

Mailing Address: _____

City/State: _____

Zip Code: _____ Phone: _____

Referred By: _____

Email: _____

Secondary Email: _____

Professional Credentials as you should be listed: _____

AHA, Inc. Courses Completed or Planning to attend:

- | | | | |
|--------------------------|--|-----------------|-------------|
| <input type="checkbox"/> | Level I Hippotherapy Treatment Principles* | Facility: _____ | Date: _____ |
| <input type="checkbox"/> | Level II Hippotherapy Treatment Principles | Facility: _____ | Date: _____ |
| <input type="checkbox"/> | Other _____ | Facility: _____ | Date: _____ |

List me on AHA, Inc.'s Find a Therapist Yes No

Payment Method

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

Number: _____ Expiration Date: _____ CVC: _____

Fax to: 877-700-3498

(3 digit Security Code)

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