



"Treatment with the Help of the Horse"

AHA Inc. Student Membership Form

\$55 or \$70 for International

Name: _____

Mailing Address: _____

City/State: _____

Zip Code: _____ Phone: _____

Referred By: _____

Email*: _____

Secondary Email: _____

**To qualify – student members must provide their .edu or university email address*

School Name & Field of Study:

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*****