



MEMBERSHIP FORM

Annual Association Membership \$10

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Email Address: _____

**Please make checks payable to:
Amateurs' Racking Horse Association**

**Please mail the membership form and check to:
Katelyn Johnston
59 Dooley Road
Etheridge, Tennessee 38456**

Any questions concerning this form or information related to the ARHA, please email Katelyn at kjohn108@utk.edu.