

European Conference of Arab Horse Organizations

Application Form for Membership

| Name of the organization: We would like to apply for Associate Membership in ECAHO Our organization represents: number of individual members: | | | |
|--|--|---|-------------------------|
| | | number of purebred Arabian horses: | |
| | | Our organization is concerned with (please tick): | |
| | | registration (= our organization is a Studboos showing racing ridden events others | ook recognized by WAHO) |
| Our organization is represented by: | | | |
| President (name and address): | Manager (name and address): | | |
| All correspondence should be forwarded to the fol e-mail): | llowing address (incl. tel./fax number and | | |
| We received the Constitution of ECAHO and will agree that our application will need to be confirme ECAHO. | | | |
| date and signature | name in capitals | | |