



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 registered Studbook)
- showing
- racing
- ridden events
- others

Our organization is represented by:

President (name and address):

Manager (name and address):

All correspondence should be forwarded to the following address (incl. tel./fax number and e-mail):

We received the Constitution of ECAHO and will recognize it as binding for us on joining. We agree that our application will need to be confirmed by the next Annual General Meeting of ECAHO.

.....
date and signature

.....
name in capitals