



AMHA RECOGNIZED CLUB APPLICATION

*For recognized club status, both the **President and Secretary must be current AMHA members and a club membership roster must be submitted with this application.** Please see additional information requirements below.

Club Name _____ E-mail/Website _____

President _____ AMHA # _____

Address _____

Phone (____) _____ Fax (____) _____ E-mail _____

Secretary _____ AMHA # _____

Address _____

Phone (____) _____ Fax (____) _____ E-mail _____

Treasurer _____ AMHA # _____

Address _____

Phone (____) _____ Fax (____) _____ E-mail _____

AMHA liaison _____ AMHA# _____

Address _____

Phone (____) _____ Fax (____) _____ E-mail _____

Membership Director _____ AMHA# _____

Address _____

Phone (____) _____ Fax (____) _____ E-mail _____

Newsletter Editor _____ AMHA# _____

Address _____

Phone (____) _____ Fax (____) _____ E-mail _____

ADDITIONAL INFORMATION REQUIREMENTS

Do you publish a Newsletter? _____ Please list the number of current club members _____

____ Did you include your club's membership roster? ____ Did you enclose the \$50 renewal fee?

Which officer should be listed as the contact person in the Network and website: _____

Which officer in addition to the club contact should receive the AMHA mailings: _____

All club applications and renewals are due by February 15th

AMHA Recognized Clubs, 4066 Shelburne Road, Suite 5, Shelburne, VT 05482

Phone (802) 985-4944 • Fax (802) 985-8897