

AMERICAN HORSE PUBLICATIONS

BUSINESS MEMBER APPLICATION

Business membership is available to businesses, organizations, Associations and e-commerce websites that share an interest in the equine media industry.

ANNUAL BUSINESS DUES: \$420
DUES VALID THROUGH DECEMBER 31

PAYMENT OPTIONS (select one)

CHECK Payable in US Funds to American Horse Publications

APPLY AND PAY ONLINE AT WWW.AMERICANHORSEPUBS.ORG

VISA / MASTERCARD / AMEX ACCEPTED

CC NO. _____

EXP _____ CVV2 CODE _____

CC Billing
address: _____

BUSINESS NAME

MAIN CONTACT TO WHOM AHP CORRESPONDENCE AND BILLING SHOULD BE DIRECTED

Contact Name

Mailing Address

City

State/Province/Country (if not USA)

Zip/Postal Code

ONLINE ADDRESS IF DIFFERENT THAN ABOVE

___ CHECK IF YOU DO NOT WANT ADDRESS PUBLISHED IN ONLINE DIRECTORY

Contact Name

Mailing Address

City

State/Province

Zip/Postal Code

PHONE NUMBER Limit 2

___ CHECK IF YOU DO NOT WANT PHONE NUMBERS PUBLISHED IN ONLINE DIRECTORY

FAX

EMAIL ADDRESS Limit 2

___ CHECK IF YOU DO NOT WANT EMAIL ADDRESS PUBLISHED IN ONLINE DIRECTORY

BRANDED WEBSITE included with membership

(1) ADDITIONAL WEBSITE LISTED ONLINE

I WISH TO SUBSCRIBE TO AHP NEWSGROUP PRESS
RELEASE SERVICE

I WISH TO SUBSCRIBE TO AHP NEWSLETTER ONLY

LIST STAFF E-MAIL ADDRESSES TO BE ADDED TO AHP E-LIST

DESCRIPTION OF BUSINESS (Limit to 5 words)

BUSINESS PROFILE: Brief paragraph of business that is descriptive and factual in nature. Comparative statements - especially superlatives - are discouraged. (Limit to 50 words or less)

AHP reserves the right to revoke a membership if the member demonstrates conduct detrimental to the goals and purposes of the AHP. The applicant has read this application and agrees to be bound by its provisions and the association bylaws if accepted as a member.

Please **CHECK ONLY ONE** of the following categories that best describes your business or organization.

- | | | | | |
|---------------------------------------------------|-----------------------------------------------|------------------------------------------------|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Apparel/Tack | <input type="checkbox"/> Educational/Training | <input type="checkbox"/> Feed/Feed Supplements | <input type="checkbox"/> Media/Publishers | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Association/Organization | <input type="checkbox"/> Equipment | <input type="checkbox"/> Horse Care | <input type="checkbox"/> Photography | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> E-commerce | <input type="checkbox"/> Event/Expo | <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Printing | |

DATE _____ SIGNATURE _____ REFERRED BY _____

Mail or scan this form to:

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