

AMERICAN HORSE PUBLICATIONS

INDIVIDUAL MEMBER APPLICATION

Individual membership is available to individuals who share an interest in the equine publishing industry and support the purposes and goals of AHP. Examples of Individual Members are freelance writers and photographers, advertising sales representatives, public relations agents, consultants, authors, illustrators, or any individual offering a service to the equine media industry.

<p>ANNUAL INDIVIDUAL DUES \$145 DUES GOOD THROUGH DECEMBER 31</p> <p>PAYMENT OPTIONS (select one)</p> <p>CHECK Payable in US Funds to American Horse Publications</p> <p>APPLY AND PAY ONLINE www.americanhorsepubs.org</p>	<p>VISA or MASTERCARD ACCEPTED</p> <p>CC NO. _____</p> <p>EXP. _____ CVV2 CODE _____</p> <p>CC Billing address: _____</p> <p>_____</p>
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NAME

DBA

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

City

State/Province/Country (if not USA)

Zip/Postal Code

PHONE NUMBER Limit 2
___ CHECK IF YOU DO NOT WANT PHONE NUMBERS PUBLISHED IN ONLINE DIRECTORY

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FAX

EMAIL ADDRESS Limit 2
___ CHECK IF YOU DO NOT WANT EMAIL ADDRESS PUBLISHED IN ONLINE DIRECTORY

YOUR PERSONAL BRAND WEBSITE (Included in membership)

I WISH TO SUBSCRIBE TO AHP NEWSGROUP PRESS RELEASE SERVICE

I WISH TO SUBSCRIBE TO AHP NEWSLETTER ONLY

SERVICES OFFERED (Limit to 5 words)

BIOGRAPHICAL PROFILE:
Brief paragraph including years in business, equine publications or businesses associated with, and areas of expertise and services (Limit to 50 words or less)

Please CHECK all that apply to the services you offer.

- | | | | | |
|---|---|--|---|-------------------------------------|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Photography | <input type="checkbox"/> Research | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Author | <input type="checkbox"/> Illustration | <input type="checkbox"/> Project Management/Consulting | <input type="checkbox"/> Social Media Management/Consulting | <input type="checkbox"/> Writer |
| <input type="checkbox"/> Editor/Proofreader | <input type="checkbox"/> Marketing | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Video Production/Editing | |

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.

DATE _____ SIGNATURE _____ REFERRED BY _____

Mail or scan this form to: **American Horse Publications, 49 Spinnaker Circle, South Daytona, FL 32119 | ahorsepubs@aol.com**