

# AMERICAN HORSE PUBLICATIONS

## NONPROFIT BUSINESS MEMBER APPLICATION

Nonprofit Business membership is available to businesses, organizations, associations, and ecommerce websites that share an interest in the equine media industry. Proof of nonprofit status must accompany application to qualify.

**ANNUAL NONPROFIT BUSINESS DUES \$310**

DUES VALID THROUGH DECEMBER 31

**PAYMENT OPTIONS (select one)**

**CHECK** Payable in US Funds to American Horse Publications

APPLY AND PAY ONLINE [www.americanhorsepubs.org](http://www.americanhorsepubs.org)

VISA / MASTERCARD / AMEX ACCEPTED

CC NO. \_\_\_\_\_

EXP. \_\_\_\_\_ CVV2 CODE \_\_\_\_\_

CC Billing  
address: \_\_\_\_\_

**BUSINESS NAME (include IRS Section Number)**

**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

**NONPROFIT 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 NONPROFIT (Limit to 5 words)**

**NONPROFIT PROFILE:**

Brief descriptive paragraph about the mission of the organization or association. (Limit to 50 words or less)

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

\_\_Association/ Organization

\_\_Educational/Training

\_\_Event/Expo

\_\_Horse Care

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](mailto:ahorsepubs@aol.com)**