



# Membership Application

New \_\_\_\_\_ Renewal \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ AHA #: (if renewal) \_\_\_\_\_

Signature of applicant or parent/guardian (if applicant is under 18)

## Membership Options:

### Eligible for all Award programs

**One-Year (AHA) Competition Adult** \$115.00 \$ \_\_\_\_\_  
Includes AHA membership, voting privileges and AHA  
Competition Card (with AHA excess personal liability insurance)

**One-Year (AHA) Competition Youth** \$62.00 \$ \_\_\_\_\_  
Includes AHA membership, AHA Competition Card  
(with AHA excess personal liability insurance)

**One-Year (AHA) Adult** \$75.00 \$ \_\_\_\_\_  
Includes AHA membership, voting privileges

**One-Year (AHA) Youth** \$32.00 \$ \_\_\_\_\_

### Associate memberships are eligible for Ride or Stride awards

**One-Year Associate** \$20.00 \$ \_\_\_\_\_  
With out AHA membership or voting privileges.

**One Year Family Associate** \$30.00 \$ \_\_\_\_\_  
With out AHA membership or voting privileges. Includes up  
to four youth from same family

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Check Total :** \_\_\_\_\_

Make payable to AHCC and mail completed form to:  
**Shannon Ginnetti**  
**22 Old Oak Dr.**  
**Brookfield, CT 06804**  
[www.ahcofct.org](http://www.ahcofct.org)

