



MEMBERSHIP / DONATION FORM:

“Working together to help America’s horses at risk, or in transition.”

Information (please print or type):

Name: _____
Contact Name: _____
Billing Address: _____
City: _____ State: _____ ZIP: _____
Telephone (cell): _____ (business) _____
E-Mail: _____ Fax: _____

- Full Membership:** \$5,000, which allows an organization to participate in meetings, committees, activities, and decisions of the coalition. Organizations contributing \$5,000 have two votes on matters requiring a decision or recommendation.
- Associate Membership:** \$2,500, which allows an organization to participate in meetings, committees, activities, and decisions of the coalition. Associate members have one vote on matters requiring a decision or recommendation. (Full and Associate memberships are open only to equine organizations that are organizational members of the American Horse Council (AHC) at the \$1,500 level and above.)
- Supporting Membership:** \$1,000, which allows an organization to participate in meetings, committees, and activities of the coalition. Supporting members do not have a vote.
- Individual Equine Care Facilities:** \$350, which allows facilities to participate in meetings and activities of the coalition, but do not have a vote.
- Non-Profit Membership:** \$25 open to organizations that are actively committed to advocating for responsible ownership and strive to provide collaborative partnerships with the horse industry. Invitation to attend the UHC’s Annual Meeting every June, Membership to A Home for Every Horse (and all benefits that membership with AHFEH includes.) Must be a registered 501(c)(3).
- Donation to the United Horse Coalition:** Promotes resources available in the industry to help America’s horses at risk and in transition.

Contributions to the American Horse Council are not deductible as charitable contributions but may be deductible for federal income tax purposes as an ordinary and necessary business expense under Section 162 of the Internal Revenue Code.

PAYMENT OPTIONS: (please print or type):

Credit card type: Visa MasterCard Amount: \$ _____

Credit Card Number: _____ Expiration Date: _____

Authorized Signature: _____

- Check here if you would prefer to be invoiced.**

Please make checks payable to: American Horse Council

Forms may be E-Mailed to dmartinez@horsecouncil.org or faxed to: 202-296-1970

Mailing Address: United Horse Coalition, 1616 H Street NW, 7th Floor, Washington DC, 2006

For a full and more detailed list of our available benefits, please reference the Membership Benefits Form.