

AHBA APPLICATION FOR MEMBERSHIP

Please Print legibly

Name _____ Hm Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Mobile _____

As a Paid Member of the American Hunting Basset Association (AHBA). I agree to hereby release, forever discharge and hold harmless the AHBA, it's clubs, officers and land owners from any and all liability claims; including but not limited to, personal injury, sickness or death of myself or my hounds that may result from my participation in any AHBA sanctioned sporting event.

Signature _____ Date _____

Select Membership Type: (only annual membership are available by mail)

New Member _____ Renewal _____ (**renewal only**) Member Number _____

Annual \$10.00 _____ Week End \$2.00 _____ Daily \$1.00 _____

Instructions:

Please complete application for Membership and return to any *Sanctioned Club* or *Mail* to:
AHBA C/O Kevin Biery 4313 W. 100 N. Frankfort, IN 46041

Please include a \$10.00 check or money order with your application, made payable to:
American Hunting Basset Association

Your Membership card will be mailed to the address above as Proof of Membership. Please allow 3 weeks delivery time to receive your membership card.

All AHBA Annual Memberships expire Dec 31 of the year purchased.