



AMERICAN EQUESTRIAN TRADE ASSOCIATION

107 West Street Road, Kennett Square, PA 19348-1613

610-444-2025 * FAX 610-444-2027

Email: info@aeta.us * Website: www.aeta.us



Application for Membership

The *American Equestrian Trade Association*, AETA, was formed in 2007 as a result of a meeting of concerned retailers, manufacturers, and sales representatives who saw a need for a strong trade association to unite the equine industry. With the enthusiastic support of its members, AETA has grown to be an important voice in the industry and in partnership with Hopper Expositions sponsors two trade shows annually. Membership dues and proceeds from the shows enables AETA to offer financial help to equine-related charities. You are invited to become part of this vibrant organization.

Please print or type **Date of application** _____

Business Name: _____

Contact name: _____

Job Title: _____ **E-mail:** _____

Business Mailing Address: _____

City: _____ **State** _____ **Postal Code:** _____ **Country:** _____

Telephone: Country Code: _____ **Area Code & Telephone Number:** _____

Cell Phone: _____ **FAX:** _____

Web Site: _____

PLEASE X THE APPROPRIATE MEMBERSHP CATEGORY:

NOTE: Your one-year membership is activated upon receipt in the AETA office of dues payment. Payments to AETA are not tax deductible as charitable contributions but may be deductible as ordinary and necessary business expenses.

Memberships with voting privileges:

Small: under \$500,000 gross income Medium: \$500,000—1 million gross income Large: over \$1 million gross income

RETAILER

_____ Small @ \$125/year _____ Medium @ \$175/year _____ Large @ \$2225/year

MANUFACTURER

_____ Small @ \$250/year _____ Medium @ \$350/year _____ Large @ \$450/year

SALES REP/AGENT (Independent agents & reps) _____ \$ 50/year

Memberships with no voting privileges:

SUPPLIER Those who supply general business products and services that enable retailers and manufacturers to conduct business

_____ \$150/year

INDUSTRY PARTNERS

_____ \$100/year Please indicate: _____ Media _____ Allied Assn (Non-profit, membership organization)

AFFILIATES

_____ \$ 50/Year Please indicate: _____ Equestrian _____ Educator _____ Other

See other side for payment information

DUES REMITTANCE—Please indicate whether payment is with a Check or Credit Card:

Check: _____ Check #: _____ Check Amount: \$ _____

Please mail checks to: AETA, 107 West Street Road, Kennett Square, PA 19348

Credit Card: _____ MC _____ VISA _____ AMX _____ Amount to be charged to Credit Card: \$ _____

For credit card payments, please complete the following:

Card # _____ Exp. Date _____ Security Code _____

Name on Card: _____ Signature: _____

Billing Address: _____ City: _____

State: _____ Country: _____ Postal Code: _____

Phone: _____ Email: _____

AETA NEWSLETTER:

AETA members can choose to receive the quarterly newsletter via email or through the mail. Please select one:

_____ Email _____ Mail

* * *

**American Equestrian Trade Association
Uniting Equestrian Trade**

**Thank you for submitting your application for membership in AETA!
Upon receipt in the AETA office, you will be mailed a Welcome Pack and acknowledgement of payment.**