

AMHA AOTE Member Of Household Designation Form

This form must be received in the AMHA office by December 31st prior to next show year.

Only 2 People Per Form

Date					
AMHA Member Number		Household Member Name			
AMHA Member Number	Household Member Name				
Signature(1)	Signature (2)				
Address		City	State	Zip	
Phone Number	Email				

By signing this form, both parties confirm the information above is true and accurate. Both parties must attach state issued ID's for proof of address.