



**2026 CHARTER RENEWAL FORM**

*Must be filed by January 31, 2026. (Please forward to new Charter President, if applicable)*

**Charter Fee \$125.00**

Name of Charter: \_\_\_\_\_ Region: \_\_\_\_\_

**ALL CHARTER OFFICERS, BOARD OF DIRECTORS & REPRESENTATIVES  
MUST BE CURRENT MEMBERS NO LATER THAN JANUARY 31, 2026.**

The Charter President's contact information is published in ARHA printed materials and/or on ARHA website. Please mark the information you DO NOT want published. ARHA requires that each charter elect a Charter Representative, Ethics/Show Representative, Youth and Amateur Advisor. Our goal is to give each charter an opportunity to have a voice in the association's direction, mission, and goals. When electing people to represent your charter please keep in mind that they will be responsible and will be held accountable to communicate and share any information or news shared with them from the ARHA Office and/or National Committees to ALL their charter officers, board members and membership as well as contact ARHA with any concerns or issues that the charter may have.

**\*\*\* ALL EMAIL CORRESPONDENCE FROM ARHA OFFICE WILL BE SENT TO CHARTER REPRESENTATIVE\*\*\***

**\*\*\*Charter Representative:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

**President:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Vice President:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Secretary:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Youth Advisor:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Amateur Advisor:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Ethics Advisor:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

**CHARTER BOARD OF DIRECTORS/ADVISORY BOARD** *(must be current ARHA member by January 31, 2026)*

**Director:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Director:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Director:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

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Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

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Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Director:** \_\_\_\_\_ Membership ID No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

DOES YOUR CHARTER PUBLISH A NEWSLETTER \_Yes \_No

Name of Charter Newsletter: \_\_\_\_\_

How Often: \_\_\_\_\_ Dates Published: \_\_\_\_\_

How and where do you post it? \_\_\_\_\_

Editor: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CHARTER INFORMATION TO BE SENT TO ARHA OFFICE**

**\*\*Include a copy of your Charter By-Laws (Must include or your Charter Renewal is not considered completed)**

Approximate number of Charter members? \_\_\_\_\_

Charter membership fees: Youth: \_\_\_\_\_ Amateur : \_\_\_\_\_ Family: \_\_\_\_\_ Individual: \_\_\_\_\_

How often does your Charter meet? \_\_\_\_\_ Are meeting open to your members: \_Yes \_No

When do you hold your election of Officers? \_\_\_\_\_ By Ballot : \_\_\_\_\_ During Meeting: \_\_\_\_\_

Year End Banquet Date: \_\_\_\_\_

Do you have a Show Committee? Please list names: \_\_\_\_\_

Show Secretary: \_\_\_\_\_ Show Manager: \_\_\_\_\_

Who hires the judges for your show? \_\_\_\_\_ Approximate number of shows per year? \_\_\_\_\_

2025 Show Dates/ Location: \_\_\_\_\_

- Do you offer Non-ARHA Classes: \_Yes \_No If yes, please list: \_\_\_\_\_

- Charter Face Book Page address: \_\_\_\_\_ Person who post information: \_\_\_\_\_

- How would your charter rate overall knowledge of ARHA Judges on a scale from 1-10? \_\_\_\_\_ (with 1 being the worst; 10 being the best)

- Does your charter participate in ARHA Charter Meeting? \_YES \_NO -What topics would you like to see covered? \_\_\_\_\_

- At your shows: What is your largest class? \_\_\_\_\_ What is your smallest class? \_\_\_\_\_ Largest division? \_\_\_\_\_

- What is your shows biggest challenge? \_\_\_\_\_

**PLEASE NOTE:** In order to assure that the correct person receives information from ARHA Office, please notify ARHA of any changes to your Charter's Officers during the year. These changes must be submitted in writing by a charter officer.

**Who is authorized to sign Show Approval Applications: (limit two)**

Name #1: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Name #2: \_\_\_\_\_

Suggestions, ideas, complaints or issues... WE WANT TO HEAR FROM YOU!!!