

HORSEMAN'S QUARTER HORSE ASSOCIATION

2015 MEMBERSHIP FORM

Please print all information clearly!!

NAME: _____ BIRTHDATE: _____

ADDITIONAL MEMBERS

(PLEASE LIST ALL THAT WILL BE SHOWING UNDER THIS MEMBERSHIP)

NAME: _____ BIRTHDATE: _____

NAME: _____ BIRTHDATE: _____

NAME: _____ BIRTHDATE: _____

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE NUMBER(S): _____

EMAIL ADDRESS: _____

DATE PAID: _____ CHECK#: _____ AMOUNT: _____

\$30 FOR SINGLE OR FAMILY MEMBERSHIP
MEMBERSHIP RUNS JANUARY 1ST TO DECEMBER 31ST

LIFE MEMBERSHIP \$200.00

REMEMBER OWNERS & EXHIBITORS MUST BE MEMBERS IN ORDER FOR HQHA POINTS TO COUNT IN ALL DIVISIONS!!

MAKE CHECKS PAYABLE TO:

HQHA

Mail to:

**HEATHER SPRINGER
800 NEW MORN DRIVE
HAMPTON GA 30228
770-294-1099**