

2012 MEMBERSHIP FORM

New Membership

Renewing Membership

KyQHA Membership *(Also required for all Youth Memberships)*

Name _____ AQHA # _____

List Immediate Family Members Covered Under Family Membership

Farm/Ranch Name _____

Address _____

City _____ County _____

State _____ Zip _____

Home Phone _____ Cell Phone _____

Fax _____ E-mail _____

Youth Membership *(Youth who have not reached 19th birthday as of Jan. 1, 2012 are eligible - KyQHA Membership Required)*

Youth Name _____

Date of Birth (required) _____ Youth Cell _____

Parent/Guardian (if different than above) _____

Address _____ City _____

County _____ State _____ Zip _____

Youth Email _____

Youth Name _____

Date of Birth (required) _____ Youth Cell _____

Parent/Guardian (if different than above) _____

Address _____ City _____

County _____ State _____ Zip _____

Youth Email _____

Note to Amateurs - As long as you qualify as an Amateur according to the AQHA Official Handbook of Rules and Regulations (see rule 101(g)(4), you will be considered an Amateur by KyQHA.

Distribution of Contact Information: KyQHA sends its membership regular electronic communications to keep them informed about association developments and equine industry news and events. **KyQHA does not provide** your email to third parties asking to distribute non-association communications. If you **do not wish** your contact information to be listed in a printed publication, please check below:

DO NOT print my contact information in KyQHA publications.

NOTE: ONLY ONE VOTE PER PAID MEMBERSHIP IN KYQHA

KyQHA Membership Dues \$25 per year

Please indicate by placing an asterisk () next to the name above of all declared Amateurs.*

Youth Association Membership Dues \$10 per Youth per year

(must also have KyQHA membership)

Interest Categories

Check all that apply:

KyQHA Breeders'
Incentive Fund

Showing

Sprint Racing

Recreation/Trail Riding

Payment Methods

1. Make Check # _____

Payable & Mail to: KyQHA
PO Box 23917
Lexington, KY 40523-3917

2. Pay by Credit Card

Circle Type: Visa MC DISC

Cardholder Name: _____

Card #: _____

Exp Date: _____

3 Digit Code: _____

Cardholder Signature: _____