

# WQHA/WQHYA Membership Application

- For Calendar Year January 1 to December 31
- WQHA Membership Dues are included with Family Membership or Single Membership if only the Youth wishes to join.
- In order to earn WQHA Points toward year-end awards, one must be a member of the WQHA.
- Points accumulate after membership is paid in full.

## \*Membership Type:

- |                               |                                   |   |   |
|-------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> New* | <input type="checkbox"/> Renewal* | <input type="checkbox"/> Single-\$35    | <input type="checkbox"/> 36 Month Single-\$100              |
|                               |                                   | <input type="checkbox"/> Family- \$40   | <input type="checkbox"/> 36 Month Family or Corporate-\$110 |
|                               |                                   | <input type="checkbox"/> Corporate-\$45 | <input type="checkbox"/> Life Membership-\$350              |

\* Name (as it appears on AQHA ID card- if applicable) \_\_\_\_\_

\* AQHA ID Number (If applicable) \_\_\_\_\_

\*Address \_\_\_\_\_

\*City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

\*Phone \_\_\_\_\_ \*Birth Date (If 18 or under for Single Membership) \_\_\_ / \_\_\_ / \_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Web Site Address \_\_\_\_\_

Farm Name \_\_\_\_\_

## Complete this section for Family Membership or Corporate Membership

Spouse or partner name (as it appears on AQHA ID Card-if applicable) \_\_\_\_\_

AQHA ID number of Spouse or Partner (if applicable) \_\_\_\_\_

**Child 1 Name** (As appears on AQHA ID Card-if applicable) \_\_\_\_\_

AQHA ID Number \_\_\_\_\_ Birth Date (If 18 or under) \_\_\_ / \_\_\_ / \_\_\_

**Child 2 Name** (As appears on AQHA ID Card-if applicable) \_\_\_\_\_

AQHA ID Number \_\_\_\_\_ Birth Date (If 18 or under) \_\_\_ / \_\_\_ / \_\_\_

**Child 3 Name** (As appears on AQHA ID Card-if applicable) \_\_\_\_\_

AQHA ID Number \_\_\_\_\_ Birth Date (If 18 or under) \_\_\_ / \_\_\_ / \_\_\_

If additional children, please include on a separate sheet of paper

We're always looking for volunteers! Please check any that you may be interested in being involved.

- |                                     |   |   |                                    |                                |
|-------------------------------------|---|---|------------------------------------|--------------------------------|
| <input type="checkbox"/> Convention | <input type="checkbox"/> Scholarship              | <input type="checkbox"/> State Show         | <input type="checkbox"/> Promotion | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Show Coordination        | <input type="checkbox"/> Midwest Horse Fair |                                    |                                |
| <input type="checkbox"/> Trail Ride | <input type="checkbox"/> Open Show Awards Program | <input type="checkbox"/> Awards             |                                    |                                |

\* Total Amount Payable to WQHA \$ \_\_\_\_\_

Mail to: WQHA, W2056 Tecumseh Rd., New Holstein, WI 53061

Membership may also be completed online at: [www.wqha.com](http://www.wqha.com)