



Membership Application

*Owner and Exhibitor must be a member to be eligible to earn points for Year End Awards
Exhibitor membership may not be a joint membership or business entity*

*Membership should read in the same name as the AQHA registration papers
All memberships expire December 31. One form per membership*

___ Check here if name or address has changed

Name _____ Date of Birth _____

Address _____

City _____ State _____ County _____ Zip+4 _____

Phone: () _____ Cell:() _____

Email: _____

AQHA membership number _____

Membership type:

- () Single Membership \$30.00
- () Youth \$30.00
- () Additional Family Member \$30.00
- () Business \$30.00
- () Life Membership \$500.00

Mail to: Illinois Quarter Horse Association, 1862 E Belvidere Rd Suite 353, Grayslake, IL 60030

Payment method: ___ check /money order enclosed _____ MC/Visa American Express/Discover

Credit Card # _____ Exp Date: _____ 3 digit security code _____

Credit card charges will incur a 4% convenience fee

Signature _____