



Membership Application

*Owner and Exhibitor must be a member to be eligible to earn points for Year End Awards
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 address _____

AQHA membership number _____

Additional name for Joint membership _____

Membership type:

- () Single \$45.00
- () Youth \$45.00
- () Joint \$45.00
- () Business \$45.00
- () Three Year \$135.00
- () Life \$500.00

Mail to: Illinois Quarter Horse Association, PO Box 27, Wonder Lake, IL 60097

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 _____