



The Ohio Quarter Horse Association MEMBERSHIP APPLICATION/RENEWAL

Name: _____ AQHA # _____

Name must appear exactly as on your AQHA membership.

Address: _____ Year Membership Desired: 20_____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Birthdate ____/____/____ E-mail: _____

Check Membership Type:

- \$25 Adult Membership Regular Membership Amateur Membership
- \$15 Youth Membership- Birthdate: ____/____/____
- \$60 Family Membership * *(please complete Family Information below)*
- \$250 Life Membership (Youth or Adult)

I would like to:

- \$_____ Donate to the Ohio Quarter Horse Foundation Scholarship Fund
- \$_____ Donate to the Ohio Quarter Horse Foundation Crisis Fund
- \$_____ Donate to the Ohio Quarter Horse Foundation Equine Welfare

\$ _____ Total *(amount enclosed/and or charged)*

Payment Method: Check/Money order enclosed Visa/Master Card/American Express/ Discover

Fees are the discount for cash and check paying customers. Credit card charges will require a 3% convenience fee.

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Signature: _____

* Complete This Section For Family Memberships Only

Name	Membership	Relation	Birthdate	AQHA #	E-mail
<i>must appear exactly as on your AQHA membership</i>	<i>Reg/Youth/Am</i>				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please view the OQHA Rule Book online at OQHA.COM

Send completed form and payment to:

OQHA / Attn: **Lindsay Titus**
6325 Zumstein Drive • Columbus, OH 43229
LTitus@oqha.com • 614-505-7200 ext. 128
Fax: 614-505-3490

Please note: OQHA memberships are not valid until payment is received. Memberships are on a calendar year basis and will expire December 31st of the year joined. Memberships must be received in the OQHA office by September 1st of the current year for voting privileges. No memberships will be accepted over the phone.