



Date Submitted:

MEMBERSHIP APPLICATION

Name		AQHA # and Expiration Date	
Address			
City		State	Zip
Phone Number	E-mail Address	Birth Date	Back Number Request <small>(Optional: \$25 per year)</small>

Spouse Name <small>(if Family Membership)</small>	AQHA # and Expiration Date	Birth Date	Back Number Request <small>(Optional: \$25 per year)</small>
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Youth Name	AQHA # and Expiration Date	Birth Date	Back Number Request <small>(Optional: \$25 per year)</small>
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Youth Name	AQHA # and Expiration Date	Birth Date	Back Number Request <small>(Optional: \$25 per year)</small>
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Horse Nomination

(\$15 per horse, required in order to be eligible for VQHA year-end awards on that horse)

Horse's Registered Name	AQHA Reg. #	Year Foaled
Owner's Name	Sex: Stallion Mare Gelding	

Horse's Registered Name	AQHA Reg. #	Year Foaled
Owner's Name	Sex: Stallion Mare Gelding	

**** If you plan on participating in the VQHA Amateur or Youth Programs, an Individual or Family Membership is also required. Please indicate your intent to participate in the VQHA Amateur or Youth Program in the spaces below:**

Please check the appropriate space:

<input type="checkbox"/>	Individual Membership - 1 year @ \$40.00	\$ <input type="text"/>
<input type="checkbox"/>	Individual Membership - 3 years @ \$100.00	\$ <input type="text"/>
<input type="checkbox"/>	Individual Life Membership - @ \$350.00	\$ <input type="text"/>
<input type="checkbox"/>	Family Membership - 1 year @ \$50.00	\$ <input type="text"/>
<input type="checkbox"/>	Family Membership - 3 years @ \$140.00	\$ <input type="text"/>
<input type="checkbox"/>	Amateur Membership - 1 Year @ \$12.00	\$ <input type="text"/>
<input type="checkbox"/>	Youth Membership - 1 Year @ \$10.00	\$ <input type="text"/>
<input type="checkbox"/>	Senior (65 & Older) - Free	Free
	<i>* After 5 consecutive years of membership</i>	
Quantity		
<input type="checkbox"/>	Horse Nomination Fee - 1 Year @ \$15.00 per horse Back	\$ <input type="text"/>
<input type="checkbox"/>	Number Reservation - 1 Year @ \$25.00 per number	\$ <input type="text"/>
	Total:	\$ <input type="text"/>

**** All proceeds from the sale of back numbers go to benefit the VQHA Amateur Association.**

Payment method:

Check (payable to VQHA)

Visa MasterCard

Name on card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Billing Address:



Send completed application to:

Cory Balsis
 5459 Valley Green Drive
 Broad Run, VA 20137

Questions: 540-347-9581
 Email: cjbalsis@gmail.com