



<b>Date Submitted:</b>
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## MEMBERSHIP APPLICATION

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

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

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

<b>Horse's Registered Name</b>	<b>AQHA Reg. #</b>	<b>Year Foaled</b>
<b>Owner's Name</b>	<b>Sex:</b> 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:**

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

**\*\* 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