



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>
Lifetime Back Number Request (Optional \$200)			
Spouse Name (if Family Membership)		AQHA # and Expiration Date	Birth Date
			Back Number Request <small>(Optional: \$25 per year)</small>
Youth Name		AQHA # and Expiration Date	Birth Date
			Back Number Request <small>(Optional: \$25 per year)</small>
Youth Name		AQHA # and Expiration Date	Birth Date
			Back Number Request <small>(Optional: \$25 per year)</small>

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:

_____	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	\$ _____
_____	Amateur Membership - 3 Years @ \$36.00	\$ _____
_____	Youth Membership - 1 Year @ \$10.00	\$ _____
_____	Youth Membership - 3 Years @ \$30.00	\$ _____
_____	Senior (65 & Older) - Free	Free

** After 5 consecutive years of membership*

Quantity

_____	Horse Nomination Fee - 1 Year @ \$15.00 per horse	\$ _____
_____	Number Reservation - 1 Year @ \$25.00 per number	\$ _____
_____	Lifetime Number Reservation @ \$200.00 per number	\$ _____
Total:		\$ _____

**** 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:

Select Amateur Members Only:

For combined classes, choose only ONE of the following:

___ Count my points toward Amateur

___ Count my points toward Select Amateur



Send completed application to:

Cory Balsis
5459 Valley Green Drive
Broad Run, VA 20137

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