

Florida Quarter Horse Association  
Membership Application/Renewal

- A. INDIVIDUAL MEMBERSHIP shall be \$30.00 annually.** This is restricted to one person/one vote, and entitles the individual to full membership privileges. **Individual Memberships received after July 1<sup>st</sup> shall be \$15.** \$ \_\_\_\_\_
- B. FAMILY MEMBERSHIP shall be \$35.00 annually,** plus an additional \$5.00 for each youth, if desired (see *E*). It entitles all rights and privileges of the Florida Quarter Horse Assoc. to family members, with one person designated as the voting member. **Family Memberships received after July 1<sup>st</sup> shall be \$17.50.** \$ \_\_\_\_\_
- C. LIFE MEMBERSHIP shall be a one-time fee of \$200.00.** It is restricted to one person, and entitles full membership privileges. \$ \_\_\_\_\_
- D. ASSOCIATE MEMBERSHIP shall be \$20 annually.** No voting rights are associated with this membership, nor can the member hold an office. Any person, persons, or company not involved in breeding, showing or training American Quarter Horses is eligible for this membership. \$ \_\_\_\_\_
- E. YOUTH MEMBERSHIP** in the Florida Quarter Horse Youth Assoc. shall be \$5.00 annually, and is only valid in conjunction with an Individual, or Family Membership. \$ \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

Were you an FQHA member last year? Yes No (circle one)

NAME of Voting Member: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AQHA #: \_\_\_\_\_ AMATEUR OR NOVICE AMATEUR? YES NO

YOUTH NAME: \_\_\_\_\_ AQHA #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

YOUTH NAME: \_\_\_\_\_ AQHA#: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Number of Registered Quarter Horses owned? \_\_\_\_\_ Occupation: \_\_\_\_\_

Yes, I am including \$ \_\_\_\_\_ in support of the Florida Quarter Horse Youth Assoc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Make checks payable to: Florida Quarter Horse Association  
P.O. Box 325  
Laurel, Florida 34272

phone: 941-321-3247  
fax: 941-426-0000  
email: fqhasecretary@aol.com  
[www.FQHA.net](http://www.FQHA.net)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC \_\_\_\_\_  
(3% surcharge added for Credit Card payments. MC, VISA, AMEX & DISCOVER)

ALL FQHA MEMBERSHIPS EXCEPT LIFE EXPIRE ON DECEMBER 31 OF EACH YEAR. NO STATE POINT WILL ACCRUE UNLESS MEMBERSHIPS ARE CURRENT.