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 1st 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 1st 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

Credit Card #_____ **Exp. Date** _____
(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.