

**Florida Quarter Horse Association
2019 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 an additional \$10.00 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 phone: 941-321-3247
P.O. Box 325, Laurel, Florida 34272
email: fqhasecretary@aol.com

Credit Card # _____ Exp. Date _____

CVC _____ Billing Zip Code _____

(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.