



Wisconsin Foundation Quarter Horse Association

2024 Membership Application

**** *Membership is DUE before showing at your first WIFQHA show of the year* ****

Last Name _____ First Name _____ (date of birth if youth) _____

Please list each member's name (family memberships include family members living at home, under age 19. Also list the date of birth of children) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

PLEASE NOTE THAT IN ORDER TO BE ELIGIBLE FOR WIFQHA YEAR END AWARDS, BOTH THE EXHIBITOR AND HORSE OWNER NEED TO BE WIFQHA MEMBERS.

Yearly Membership	Make Checks Payable to: WIFQHA - Membership Expires at first 2025 show		
_____ Individual	\$20	Mail Memberships and Payments to:	
_____ Family	\$50	Cindy Mense	
_____ Owner	\$20	147 Mill St.	
_____ Lifetime individual	\$120	Hixton, WI 54635	
_____ Family Lifetime	\$250	715-963-5582	
Lifetime Family defined as member, spouse or significant other and children under 18 or 23 if still in college.			

Member's Signature _____ **Date** _____

_____ Please X if you WANT to be snail mailed WIFQHA information. (Otherwise, Facebook, our website and email will be utilized to communicate with you)

_____ Please X if you do NOT want your information listed in the WIFQHA directory.

_____ Please X if you do NOT want any photos of yourself/family to be used in any WIFQHA publications or advertising displays.

Please fill out form entirely as this is how we will contact you for different things throughout the year.