



Wisconsin Foundation Quarter Horse Association

2018 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 YEAR END AWARDS, BOTH THE EXHIBITOR AND HORSE OWNER NEED TO BE WIFQHA MEMBERS.

Yearly Membership		Make Checks Payable to: WIFQHA - Membership Expires on 12/31/2018
_____ Individual	\$20	Mail Memberships and Payments to: Aaron Doll
_____ Family	\$50	10651 7 th LN
_____ Owner	\$20	Athens, WI 54411
_____ Lifetime individual	\$120	(715) 581-6621
_____ Family Lifetime	\$250	

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 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.