



Wisconsin Foundation Quarter Horse Association

2020 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.

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|--|-------|---|--|
| Yearly Membership | | Make Checks Payable to: WIFQHA - Membership Expires on 12/31/2020 | |
| _____ Individual | \$20 | Mail Memberships and Payments to: Julie Anderson N15535 County Road D Owen, WI 54460 715-937-8388 | |
| _____ Family | \$50 | | |
| _____ Owner | \$20 | | |
| _____ Lifetime individual | \$120 | | |
| _____ 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.

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