

**MEMBERSHIP FORM**



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Postal Code/Zip: \_\_\_\_\_ OQHA Area of Residence: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please note that information may be sent out to members via email

\_\_\_\_\_ Youth @ \$25.00 = \$ \_\_\_\_\_  
\_\_\_\_\_ Single @ \$35.00 = \$ \_\_\_\_\_  
\_\_\_\_\_ Family @ \$55.00 = \$ \_\_\_\_\_  
\_\_\_\_\_ Life @\$170.00 = \$ \_\_\_\_\_

All fees include HST – HST # 877530725

Please list below the people covered by the family membership, including AQHA ID# and birth dates of youth.  
(Family memberships include youth up to age 18 living at home)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ AQHA # \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ AQHA # \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ AQHA # \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ AQHA # \_\_\_\_\_

I (We) the undersigned agree to be bound by all rules laid out by the Eastern Ontario Quarter Horse Association

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E-Transfer payments to eoqhatreasurer@gmail.com**

**Please send this form with cheque payable to Eastern Ontario Quarter Horse Association to**

**EQQHA Memberships**

**c/o Barb Downer**

**7630 Bank Street**

**Metcalfe, Ontario**

**K0A 2P0**

Year End Award Points Reminder – Points towards year end awards will not be tabulated until your membership is paid. EQQHA shows entered prior to payment will not be calculated toward year end totals. BOTH OWNER & EXHIBITOR MUST BE MEMBERS TO EARN POINTS. You must show at all EQQHA circuits to qualify. Green classes do not count toward all-around awards.