2024 MEMBERSHIP FORM



Name:			
Address:			
City:	Province/State:		
Postal Code/Zip:	OQHA Area of Residence:		
	Email:		
Please not	e that information may be sent out to	members via email	
	Single @ \$35.0	Single @ \$35.00 = \$ (
Family @ \$55.00 = \$	◯ Life @\$170.00 = \$		
(Family	y memberships include youth up to age 1	.8 living at home)	
Please list below the people covered by	the family membership, including AQHA	ID# and birth dates of youth.	
Name:	Birth Date:	AQHA #	
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 East	ern Ontario Quarter Horse Association	
Signature:	Date:		
Signature:	Date:		
MODE of PROCESS & PAYME - [] eTransfer to eoqhatreasu	,		
- [] Cheque - made payable t	to Eastern Ontario Quarter Horse A	Association (Do NOT use EOQHA)	
Print, Complete, Sign and En	nail to eoqhatreasurer@gmail.com		
	EOQHA Memberships c/o Sandra	Duhamel 1563	
	Sandra Crt		
	Val Caron, Ontario		

P3N 1R7

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

Rev 2024.06