

# 2019 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 = \$ \_\_\_\_\_

**(Family memberships include youth up to age 18 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 Eastern Ontario Quarter Horse Association

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

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

### MODE of PROCESS & PAYMENT (Check ✓ one)

eTransfer to eoqhatreasurer@gmail.com

Print, Complete, Sign and Email to eoqhatreasurer@gmail.com

(Don't forget to send password if there's no Auto-Deposit)

Cheque - made payable to Eastern Ontario Quarter Horse Association

Mail this form and cheque to:

EOQHA Memberships

c/o Rosemary Burt

3480 Stonecrest Road

Woodlawn, Ontario

K0A 3M0

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.