



# 2025 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 = \$ \_\_\_\_\_       Single @ \$35 = \$ \_\_\_\_\_       Life @ \$170 + \$ \_\_\_\_\_

Family @ \$55 = \$ \_\_\_\_\_ (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 and Payment: ( Check ✓ one)

Email and eTransfer

→print, complete, sign and email membership form to [eoqhatreasurer@gmail.com](mailto:eoqhatreasurer@gmail.com)

→eTransfer membership amount to [eoqhatreasurer@gmail.com](mailto:eoqhatreasurer@gmail.com)

Note: There is no auto deposit, please use Question "What show?" Answer "Sizzler"

Mail this form and membership cheque to:

EQQHA Memberships  
c/o Barb Downer  
7630 Bank Street  
Metcalf, Ontario  
K0A2P0

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 IN GOOD STANDINGS TO EARN POINTS.

You must show at all EQQHA circuits to qualify. Green classes do not count toward all-around awards.