



**Kansas Quarter Horse Association**

P.O. Box 750588, Topeka, KS 66675

(785)224-0729 kqhaoffice@gmail.com

KQHA.com \* KAQHA.com \* KQHYA.com

To be eligible for year-end awards, BOTH the registered horse owner AND the exhibitor must be members of KQHA in order for year-end points to be accumulated. Only points accumulated after membership has been received will count. This includes horses leased by an exhibitor with a current show lease on file with AQHA. More information on all requirements can be found at KQHA.com. Additional requirements may be required by youth members to participate in the Youth Excellence Seminar, AQHYA World Show and Congress NYATT. Please see the youth website at KQHYA.com for additional information.

**Memberships expire December 31.**

- Single Membership = \$20 (any age person or business)
- Family Membership = \$60 (up to 2 adults + children 18 & under)
- KQHA Horseback Riding Enrollment = \$15 per person (KQHA membership required to participate.)

Adult Name: \_\_\_\_\_ Amateur Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Adult Name: \_\_\_\_\_ Amateur Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

*Please add additional youth to back of form.*

Address: \_\_\_\_\_

*If youth is a single membership, please provide the parent/guardian name and contact information:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

I consent to having my youth's image used on social media and for marketing purposes. \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ My check is enclosed in the amount of \_\_\_\_\_ or

\_\_\_\_ Please charge my credit card the amount of \_\_\_\_\_

*A 4% processing fee will be charged.*

\_\_\_\_ Visa \_\_\_\_ Mastercard Expiration: \_\_\_\_\_ SVC: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Office Use Only	
Received Date:	_____
Recorded:	_____
Mailed:	_____