



Please fill in ALL blanks, even if you are just renewing your membership. Our new software requires your AQHA/AQHHA ID's and birthdates to track your points! Thank you so much!

P.O. Box 750588, Topeka, KS 66675

Phone (785)2224-0729 • Email: kqhaoffice@gmail.com • Website: www.kqha.com

Please fill out and return with payment to address above.

Membership is for calendar year January 1 thru December 31, 2025.

All registered **OWNERS** of horses and all **EXHIBITORS** must be members of KQHA or KQHHA **BEFORE** points will count towards year-end awards. If the horse you exhibit is owned under a ranch name, both exhibitor and ranch need a membership.

ADULT #1 \_\_\_\_\_ AQHA ID \_\_\_\_\_ EXP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADULT #2 \_\_\_\_\_ AQHA ID \_\_\_\_\_ EXP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

YOUTH #1 \_\_\_\_\_ AQHHA ID \_\_\_\_\_ EXP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

YOUTH #2 \_\_\_\_\_ AQHHA ID \_\_\_\_\_ EXP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

YOUTH #3 \_\_\_\_\_ AQHHA ID \_\_\_\_\_ EXP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT'S NAME (if youth) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

2026 Membership Type: ☐ New ☐ Renewal

☐ SINGLE MEMBERSHIP \$20.00 (ANY AGE PERSON OR BUSINESS)

☐ FAMILY MEMBERSHIP \$60.00 (UP TO 2 ADULTS AND ALL CHILDREN 18 & UNDER)

☐ KQHA HORSEBACK RIDING ENROLLMENT \$15/PERSON (KQHA MEMBERSHIP REQ.)

\_\_\_\_\_ Check is enclosed in the amount of \$ \_\_\_\_\_ or

\_\_\_\_\_ Please charge my credit card the amount of \$ \_\_\_\_\_ (4% processing will will apply)

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

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Signature \_\_\_\_\_