



Please fill in ALL  
blanks, even if you  
are just renewing  
your membership.  
Our new software  
requires your  
AQHA/AQHYA 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](mailto:kqhaoffice@gmail.com) • Website: [www.kqha.com](http://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 KQHYA **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 \_\_\_\_\_ AQHYA ID \_\_\_\_\_ EXP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

YOUTH #3 \_\_\_\_\_ AQHYA 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 apply)

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

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