

Wyoming Quarter Horse Association

2024

Membership Application

Date		
Name		
Spouse		
Address		
City	State Zip	
Telephone _	Email Address	
Division Sho	wing:	
Amateur Na	me(s) amateur or select (circle on	e)
Youth Name	sage	
	age	
	age	
Note both o	wner and exhibitor must be members for points to count!	
Family mem	bers (as defined by AQHA): \$40.00	
Family mem	bers may earn points in Open, Amateur and youth divisions.	
Completed r	enewal form must accompany payment.	
Mail applicat	tion and funds to:	
Susan Nelso	n	
%WQHA		
PO Box 581		
Niwot, CO 8	0544	