



# CENTER OF THE NATION QUARTER HORSE ASSOCIATION MEMBERSHIP 2026

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

If this application is for a family membership, please state below all family members. Family includes family members age 18 and under.

Name	Relationship	Youth	Amateur	Select
_____				
_____				
_____				

Please check if you are Youth, Amateur or Select Amateur above and if you will be showing as a Select Amateur for the all-around please indicate below . Please circle one.

Showing all-around as a:     Select Amateur             Amateur             Youth

\$40 for membership. Membership is from time of purchase until December 31st each year. Your points for awards will not count until your membership is paid.

Make Checks out to CONQHA and send to :

**AnneMarie Johnson**  
**10303 Quaal Rd, Black Hawk, SD 57718**