



**Arizona Quarter Horse Association**  
 515 E. CAREFREE HWY PMB #405  
 PHOENIX, AZ 85085  
 (623) 869-8037

## 2024 MEMBERSHIP APPLICATION

**MEMBERSHIP OPTIONS:**

- **\$35 Husband & Wife** – includes subscription to AZQHA Quarterly Newsletter, Show Points tracking, eligibility for Year-end awards, and any mailings.
- **\$35 Individual / Business**– includes subscription to AZQHA Quarterly Newsletter, Show Points tracking, eligibility for Year-end awards, and any mailings.
- **\$35 Individual Amateur** – includes subscription to AZQHA Quarterly Newsletter, Show Points tracking, eligibility for Year-end awards, and any mailings.  
 Must indicate if you want your points tracked toward Select or Amateur. If you are eligible for Select classes and you check Select, your year-end points will be tracked for you all year as only Select points. If you earn points in an Amateur class, they will count toward the Select points.
- **\$25 Youth** – includes subscription to AZQHA Quarterly Newsletter, Show Points tracking, eligibility for Year-end awards, and any mailings.
- **\$325 Lifetime** – includes subscription to AZQHA Quarterly Newsletter, Show Points tracking, eligibility for Year-end awards, and any mailings.

Please circle your choices below:

**Were you a member in 2023?      Yes      No**

**Type of Membership for 2024:   Husband & Wife   Open   Amateur   Select   Youth   Lifetime**

**MEMBER NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDITIONAL HUSBAND/WIFE NAME:** \_\_\_\_\_ **AQHA ID #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE OF BIRTH (must fill out for Youth and Amateur Members):** \_\_\_\_\_

**HORSE Information:** Please fill out the accurate information with regards to Registered Name and Owner name as they appear on the registration papers. For Unregistered horses please indicate the exact name you will enter with.

#1 Registered Name: \_\_\_\_\_ Reg #: \_\_\_\_\_ Owner Name: \_\_\_\_\_

#2 Registered Name: \_\_\_\_\_ Reg #: \_\_\_\_\_ Owner Name: \_\_\_\_\_

#3 Registered Name: \_\_\_\_\_ Reg #: \_\_\_\_\_ Owner Name: \_\_\_\_\_

#4 Registered Name: \_\_\_\_\_ Reg #: \_\_\_\_\_ Owner Name: \_\_\_\_\_

You may pay with a check or credit card. For Card information please fill out below. For checks, please make checks payable to **AZQHA** and send to the address listed at the top of the form.

**NAME ON CARD:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**CC NUMBER:** \_\_\_\_\_ **AMOUNT \$** \_\_\_\_\_

**EXPIRE DATE #** \_\_\_\_\_ **3 DIGIT SECURITY CODE** \_\_\_\_\_

**APPLYING FOR MEMBERSHIP AND PROOF OF PAYMENT ARE THE RESPONSIBILITY OF THE APPLICANT.**