



Center of the Nation Quarter Horse Association Membership 2018

Name: _____
Address: _____
City: _____
Phone: _____ Email: _____

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

Name: Relationship: Youth: Amateur: Select: _____

Please check if you Youth, Amateur or Select Amateur above and if you will be showing as a Select Amateur for the all around below.

Showing all around as a: Select Amateur, Amateur, Youth

Enclose \$30. Membership fee per family, individual or business.

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 payable to CONQHA and send to:

Ann Marje Johnson

10303 Quad Rd., Black Hawk, S.D. 57718

Phone # 605-730-4227 Email: amjohnson@rapidmidco.net