2017 MSQHA Membership and Nomination Form

General Membership: New R	denewal Do you want	to receive the News	letter <u>via email</u> ? Y	_N
I do not wish to have my name	published in the Membership	Directory. If space	is not checked, name	will be published.
Name:				
Farm/Business Name:				
Address:				
City:				
	Cell Phone:			
Adults: Circle the division/s in which	ı you qualify to ride (Open is	assumed): Amat	eur Select	Novice
Name:	AQHA Reg. No	DOB	Owner/Rider:	Div
Name:	AQHA Reg. No	DOB	Owner/Rider:	Div
Youths: Circle the division/s in which Youth 14-18		assumed):	-Trot Leadline	
Name:	AQHYA No	DOB	Youth Assoc	Div
Name:	AQHYA No	DOB	Youth Assoc	Div
Name:	AQHYA No	DOB	Youth Assoc	Div
Horses:				
Name:	AQHA No	Age	Owner	
List All Exhibitors for this horse:				
Name:	AQHA No		Owner	
List All Exhibitors for this horse:				
*YOUTH NEED TO HAVE PAID M THEIR HORSE/YTH FOR YEAR E REGISTER THEIR HORSE. YOUT *THE ADULT SPECIAL OWNER/R	<mark>ND AWARDS</mark> . ADULTS NEI TH ARE NOT ELIGIBLE FO	ED TO JOIN THE (R THE PERPETUA L AND MUST PAY	GENERAL MEMBER AL OWNER/RIDER A FEE FOR AWARD.	SHIP &
General Membership Fee (Individua	l (\$30), Family (\$40), Far	m (\$40), Lifetime	(\$200)) = \$	_
*Owner/Rider Fee X \$15 = \$_ Perpetual Award	Horse No.	mination Fee	X \$30 = \$	

Make checks payable to MSQHA and mail to:
Judy Carroll 337 Stablers Church Road Parkton, MD 21120
Call 443-386-4500 if you have any questions

TOTAL FOR ALL FEES = \$