



# 2019 Youth Membership Form

**Membership:** New \_\_\_\_\_ Renewal \_\_\_\_\_ Do you want to receive the Newsletter? Y \_\_\_\_\_ N \_\_\_\_\_  
If yes, circle one: Email US Mail Both \_\_\_\_\_ I do not wish to have my name published in the Membership Directory. If space is not checked, name will be published.

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Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Hm Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Cell#'s: \_\_\_\_\_

Additional Email: \_\_\_\_\_

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**Youth:** Circle the Division/s in which you qualify to ride (Open is assumed):  
**\*\* (this section is for MSQHVA's Info Only, you must still fill out membership forms & pay fee's with MSQHA for Points)**

Youth 14-18    Youth 13 & Under    Novice Youth    Walk-Trot    Leadline

AQHVA No. \_\_\_\_\_ Division. \_\_\_\_\_ DOB: \_\_\_\_\_

**Horses:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ AQHA No. \_\_\_\_\_ Owner \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ AQHA No. \_\_\_\_\_ Owner \_\_\_\_\_

**YOUTH WILL NEED TO JOIN MSQHA GENERAL MEMBERSHIP & YOUTH ASSOCIATION, REGISTER/PAY APPROPRIATE FEE'S IF THEY WANT POINTS TO COUNT FOR YEAR END AWARDS WITH MSQHA!**  
**RULES FOR YEAR END AWARDS ARE LISTED AT MSQHA.COM PLEASE READ CAREFULLY**

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As a member of MSQHVA, what would you like to see us accomplish in 2013? \_\_\_\_\_

What Educational Activities would you like to see us do? \_\_\_\_\_

What activities do you do with your horse? \_\_\_\_\_

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YOUTH ASSOCIATION MEMBERSHIP FEE \$15.00 \$ \_\_\_\_\_  
Memberships Due by FEB 1<sup>st</sup> of each year to stay on email list! Cash or Check

**Make checks payable to MSQHVA and mail to:** Sabrina Ginn  
MSQHVA Advisor  
855 Stemmers Run Rd  
Earleville, Maryland 21919  
443-553-3915