



2018 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 1st 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