



VERMONT QUARTER HORSE ASSOCIATION

MEMBERSHIP APPLICATION

____ Family \$30

____ Single \$20

____ Life Membership \$200

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ CELL() _____

e-MAIL _____

(please print)

YOUTH NAME _____ DOB ____/____/____

(18 and under)

YOUTH NAME _____ DOB ____/____/____

(18 and under)

Please make checks payable to VQHA and mail to Lucille Evarts, 3796 Green St, Vergennes, Vt. 05491. Youth are covered as part of the family membership unless they wish to be an active participant in the VQHYA.

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INTEREST CATEGORIES (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Breeding | <input type="checkbox"/> Speed Events | <input type="checkbox"/> Roping & Cutting |
| <input type="checkbox"/> Hunter/Jumper | <input type="checkbox"/> Recreational Riding | <input type="checkbox"/> Reining/Working Cow Horse |
| <input type="checkbox"/> Racing | <input type="checkbox"/> Year End Awards | <input type="checkbox"/> Judging |
| <input type="checkbox"/> Training | <input type="checkbox"/> Showing in AQHA Shows | <input type="checkbox"/> Versatility Ranch Horse Shows |
| <input type="checkbox"/> Showing in Open Shows | <input type="checkbox"/> Showing Halter | |

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OFFICE USE ONLY

DATE PAID _____ AMOUNT _____ CASH _____ CHECK # _____