

**KEYSTONE QUARTER HORSE ASSOCIATION
MEMBERSHIP APPLICATION**

Name: _____ Membership # _____
(last) (first) (initial)
 Address: _____ City: _____ State: _____ Zip: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Names on Family Membership <i>(Husband, wife, and/or dependent children 18 or younger)</i>	Birthdate(s) <i>(for Youth and Select)</i>
_____	_____
_____	_____
_____	_____
_____	_____

Check all that apply:
 _____ Family \$25.00 (includes parents and family members under age 18)
 _____ Junior Individual \$10.00 (18 or younger as of January 1st)
 _____ Senior Individual \$20.00
 _____ KQHYA Youth Membership \$10.00

Please note: Any youth that wants to join KQHYA must first be a member of the parent club (KQHA) on either a Family membership or a Junior Membership.

ANNUAL AWARDS NOMINATION ENTRY FORM

Horse's Name: _____ AQHA Reg.# _____
 Owner's Name _____ AQHA # _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

DIVISIONS:

_____ \$10 Amateur Select	Name: _____	AM# _____
_____ \$10 Open	Name: _____	AQHA# _____
_____ \$10 Amateur	Name: _____	AQAM# _____
_____ \$10 YA	Please check one: 14-18 ___ 13&U ___	
	Name: _____	AQHYA# _____
_____ \$10 Novice Amateur	Name: _____	AQ-Nov.AM# _____
_____ \$10 Novice Youth	Name: _____	AQ-Nov.YA# _____
_____ \$-0- Small Fry/ Leadline	Name: _____	

\$ _____ **TOTAL OF FRONT** \$ _____ **TOTAL OF BACK**

\$ _____ **Donation to the KQHA Scholarship Fund. Please Support Our Youth!**

GRAND TOTAL DUES, SCHOLARSHIP DONATION & NOMINATIONS

\$ _____ **CHECK #** _____

Please make check payable to: KQHA c/o Rochelle Mausteller
 184 E 1st Street
 Watsontown, PA 17777
 570-538-9312 rpbl111@hotmail.com