

LQHA

LOUISIANA QUARTER
HORSE ASSOCIATION

20__ MEMBERSHIP APPLICATION

14560 Miscar Rd,
Kentwood, La. 70444
Cell 504-881-9385

NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____ (Work) (Home) _____

AQHA ID #: _____ SS# _____

Your Points will be kept by AQHA number. Must be complete for points to count.

Are you a Novice? Yes _____ No _____

A first time member of LQHA? Yes _____ No _____

E-MAIL ADDRESS: _____

CIRCLE ONE

LIFE ANY DIV. \$200.00
OPEN \$35.00

YOUTH/OPEN \$25.00
AMATEUR/OPEN \$35.00

YOUTH INFORMATION

Birthday: Month _____ Day _____ Year _____

Age Group: 13 & Under _____ 14 thru 18 _____

Parent/Guardian: _____

AMATEUR INFORMATION (MUST HAVE BIRTH DATE)

Birthday: Month _____ Day _____ Year _____

RETURN APPLICATION WITH YOUR PAYMENT TO ABOVE ADDRESS