

20 MEMBERSHIP APPLICATION

14600 Miscar Rd, Kentwood, La. 70444 Cell 504-881-9385

NAME:			
ADDRESS:			
CITY:			
PHONE:		(Home)	(Work)
AQHA ID #:			(Cell)
Your	Points will be kept by	AQHA number.	Must be complete for points to count.
Are you a Novi		Yes	No
A first-time mes LQHA?	mber of	Yes	No
E-MAIL ADD	RESS:		
		<u>CIRCLE</u> (<u>ONE</u>
LIFE ANY DIV. \$200.00 OPEN \$35.00		200.00	YOUTH/OPEN \$25.00 AMATEUR/OPEN \$35.00
		YOUTH INFO	RMATION
Birthday:	Month	Day	Y Year
			14 thru 18
Parent/Guard	ian:		
	AMATFIIR INI	FORMATION (MUST HAVE BIRTH DATE)
Birthday:	Month	,	Y Year

RETURN APPLICATION WITH YOUR PAYMENT TO ABOVE ADDRESS