

Membership Application 2017

Name: _____ AQHA ID _____ Exp _____

Address: _____

Email: _____

Phone: _____

You must be a member of SCQHA to earn SC points for state year end awards in Open, Amateur and Youth events.

****Youth members must be from a Family Membership****

**Membership Options:
Check Desired Membership**

_____ **SCQHA Family (to include all youth) \$50**

_____ **SCQHA Individual (no youth) \$40**

Paid via:
Check _____ or Show tab # _____

Names of *all members* that show and date of birth. Please include address if different.

Name: _____ AQHA ID _____ DOB _____

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All Memberships are valid for the 2017 calendar year. If you wish to mail your application, send it to:

SCQHA - Memberships
1031 Drakes Xing
Anderson, SC 29625