

CAQHA MEMBERSHIP APPLICATION

Mail to: CAQHA, c/o Penny Goff, 175 Darden Hill Rd., Driftwood, TX 78619 or bring to your first show if you are planning on showing at our CAQHA shows.

Date: _____ Annual Rates: Individual \$25 _____
Individual w/ spouse \$35 _____
Youth \$10 _____ DOB: _____
Lifetime Rates: Individual \$100 _____
Individual w/spouse \$150 _____

Reminder: Exhibitors competing for Series Awards must declare at their first show (January or June) and pay the \$10 Series Awards nomination fee/per division.

Series Award Nomination Fee: \$ _____ Division: _____

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Member Name and Address:

_____ Telephone: _____

Email Address - Please print clearly: _____

I would also like to donate the following amount to the CAQHA Scholarship Fund:

\$20 ___ **\$30** ___ **\$40** ___ **\$50** ___ **Other Amount \$** _____

What are your interests concerning horses? You may check as many as apply:

___ Amateur ___ Youth ___ Clinics ___ Open Shows ___ Breed Shows ___ Halter
___ English ___ Western Pleasure ___ Reining ___ Ranch Horse ___ Trail Rides

If you are interested in serving on a committee, please mark the appropriate space and we'll contact you:

Trail Rides ___ Shows ___ Clinics ___ Membership Drives ___ Youth Programs ___ Other _____