

**KEYSTONE QUARTER HORSE ASSOCIATION
MEMBERSHIP APPLICATION**

Name: _____
(last) (first) (initial)
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Names on Family Membership _____ Birthdate(s) _____
(Husband, wife, and/or dependent children 18 or younger) (for Youth and Select)

Check all that apply:

_____ Family \$30.00 (includes parents and family members under age 18)
 _____ Junior Individual \$15.00 (18 or younger as of January 1st)
 _____ Senior Individual \$25.00
 _____ KQHYA Youth Membership \$15.00

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:

_____ \$25 Open	Name: _____	AQHA# _____
_____ \$25 Amateur	Name: _____	AQAM# _____
_____ \$25 Amateur Select	Name: _____	AQAM# _____
_____ \$20 Novice Amateur	Name: _____	AQNovAM# _____
_____ \$20 Rookie Amateur	Name: _____	AQNovAM# _____
_____ \$20 Youth	Name: _____	AQYA# _____
	Check one: 13 & Under _____	or 14-18 _____
_____ \$20 Novice Youth	Name: _____	AQNov.YA# _____
_____ \$20 Rookie Youth	Name: _____	AQNov.YA# _____
_____ \$20 Small Fry	Name: _____	
_____ \$0 Lead Line	Name: _____	

ALL AROUND: _____ \$10 Open _____ \$10 Amateur _____ \$10 Youth

HI POINT: _____ \$10 Select Amateur _____ \$10 Novice Amateur _____ \$10 Novice Youth

_____ \$10 Small Fry _____ \$10 Rookie Amateur _____ \$10 Rookie Youth

\$ _____ **TOTAL**

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

\$ _____ **GRAND TOTAL DUES, NOMINATIONS & SCHOLARSHIP FUND DONATION**

CHECK # _____

Please make check payable to: KQHA c/o Rochelle Mausteller
 184 E 1st Street Watsontown, PA 17777
 Phone : 570-538-9312 Email: rpb1111@hotmail.com