

**KEYSTONE QUARTER HORSE ASSOCIATION
MEMBERSHIP APPLICATION**

Name: _____
(last) (first) (initial)
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Membership \$30

\$ _____ TOTAL
 \$ _____ Donation to the KQHA Scholarship Fund.
 \$ _____ GRAND TOTAL DUES. AND 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