

2009 HQHA MEMBERSHIP FORM



HQHA
P.O. Box 638
Kamuela, HI 96743

www.hawaiiquarterhorse.org

Please Print

Name _____

Address _____

City _____, HI Zip Code _____

Telephone # _____ Email: _____

Please circle:

- | | | |
|------------------------|----------------|--|
| HQHA Family membership | \$50.00 | Children Date of Birth _____ |
| HQHYA Youth Membership | \$15.00 | Youth Date of Birth _____ (18 and under) |
| HQHA Adult Membership | \$20.00 | Amateur Date of Birth _____ |

Interests – please circle all that apply

SHOW WESTERN ENGLISH CLINICS EDUCATION TRAIL RIDING DRESSAGE
RODEO CUTTING/REINING OTHER: _____

Comments/Suggestions _____

Please complete this form, return with payment. Checks payable to HQHA. Please no cash.