

2012 HQHA MEMBERSHIP FORM



HQHA
P.O. Box 638
Kamuela, HI 96743

www.hawaiiquarterhorse.org

Name _____

Please Print

Address _____

Please Print

City _____, HI Zip Code _____

Please Print

Telephone # _____ Email: _____

Please circle:

HQHA Family membership **\$50.00**

HQHA Youth Membership (18 Years & Under) **\$15.00** Date of Birth _____

HQHA Adult Membership **\$20.00**

Amateur Date of Birth _____

INTERESTS (Please Circle):

SHOW WESTERN ENGLISH CLINICS EDUCATION TRAIL RIDING
DRESSAGE RODEO CUTTING/REINING VOLUNTEER? _____

Comments/Suggestions _____

Please complete this form and return with payment. All checks must be made payable to HQHA. (Please do not send cash).