



Western New York Quarter Horse Club, Inc.

2017 Membership Application

Date _____ AQHA ID Number: _____
 Parent/Adult's Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Cell Number: _____
 Email Address (please write legibly): _____

New Membership Renewal

******To receive meeting credit for attendance at Banquet, membership dues must be paid AT or BEFORE the January Banquet.**

Type of Membership Fee

**Must be 18 yrs or over for Individual Membership

___ Individual (one vote) \$30.00

___ Family (two votes) \$35.00

Cash Check # _____

NOTE: Please indicate the names of additional family members under 18 years of age to be included in the Family Membership, along with their AQHYA ID Number. **For your child to be eligible for Youth Club Membership, the youth's family must pay a Family Membership.** Names of Youth Club members must be listed below with their birthdate and AQHYA ID number. Please indicate if Youth would like membership in the Youth Club.

Youth Name or other Family Members to be Included in Membership	AQHA/AQHYA Number	Youth Birthdate	Include in Youth Club? (Yes/No)

SELECT EXHIBITORS: You must declare how you want your WNYQHCI points to accumulate for the 2016 show season in the event that Amateur and Select classes are combined. _____ Select _____ Amateur

Please remit this form and payment in US funds (payable to WNYQHCI) to:

Karen Randall
 4456 Ridge Road
 Lockport, NY 14094

Please email horseymom@roadrunner.com with any questions.