



WTQHA MEMBERSHIP FORM

West Tennessee Quarter Horse Association
www.WTQHA.org

YEAR – 2019

Print and bring to the first show or mail with fee to:
WTQHA, PO Box 28, Reagan, TN 38368

___ SINGLE MEMBERSHIP (\$15.00)

___ FAMILY MEMBERSHIP (\$25.00)

MEMBER NAME: _____
(PLEASE GIVE NAME AS REGISTERED ON AQHA CARD)

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

EMAIL: _____

PLEASE PRINT ALL INFORMATION CLEARLY!

ADDITIONAL FAMILY MEMBER NAMES: (FOR FAMILY MEMBERSHIPS ONLY)
(PLEASE GIVE NAMES AS REGISTERED ON AQHA CARD)

1. _____
2. _____
3. _____
4. _____

- ❖ If you are joining WTQHA during the weekend of a WTQHA show, the membership form must be completed and accepted before the new member begins showing in order to be eligible for WTQHA points for the weekend.
- ❖ When joining at a WTQHA show, you can request the membership fee be added to your show tab.

OFFICE USE ONLY

ACCEPTED BY: _____
(WTQHA OFFICIAL)

DATE: _____