

CQQHA

Central Queensland Quarter Horse Association Inc.

MEMBERSHIP APPLICATION / RENEWAL FORM

Applicants Name: 1. _____
 2. _____
 3. _____
 4. _____

Address: _____

Telephone: _____ Email: _____

Date Of Birth: _____

(Please Circle)

Breed Association : AQHA AAA PHAA HSAA Breed Member No. _____

Do you hold a current First Aid Certificate YES NO

I hereby agree to abide by the rules and conditions of our governing body the AQHA

Signed: _____ Date: _____

Parent Or Guardian if under

18: _____ **Date:** _____

Family Membership (2 Adults, 2 Youths)	\$155.00	
Family Membership Of 3	\$120.00	
Family Membership of 2	\$85.00	
Single Riding Membership	\$45.00	
Youth Membership	\$40.00	
Social Membership (No public Liability)	\$15.00	
	TOTAL	\$

Please Make Cheques Payable To.. CQQHA P.O. Box 8334 Allenstown Q. 4700
 Receipt Number: _____

EFT payments to *Rock Building Society* Account Name: CQQHA, BSB: 655000 A/C No. 100181333
 (please use your surname as the reference) Attach EFT Receipt to Membership Form

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