

**Northern Ohio Quarter Horse Association
Membership Application**

Calendar Year 2024

Name _____

Cell #: (____) _____

Address _____

Phone #: (____) _____

City, State, Zip Code _____

Email (mandatory) _____

YOUTH: \$15 _____ ADULT: \$25 _____ FAMILY: \$40 _____ ADULT LIFE \$150 _____

YOUTH LIFE: \$50 _____

(Indicate Members Below)

Husband: _____ AQHA #: _____ Wife: _____ AQHA #: _____

Youth: _____ Date of Birth: _____ AQHYA #: _____ Novice _____

Youth: _____ Date of Birth: _____ AQHYA #: _____ Novice _____

Youth: _____ Date of Birth: _____ AQHYA #: _____ Novice _____

Return to: Candi Fites
17590 Courtney Road

Make checks payable to: NOQHA Beloit, OH 44609

**Please include the following information about yourself and the horses that you will be showing this year.
It will help to personalize your year-end awards.**

Horse Name _____ Blanket Size _____ Sleazy Size _____

Horse Name _____ Blanket Size _____ Sleazy Size _____

Horse Name _____ Blanket Size _____ Sleazy Size _____

Member Name _____ Jacket Size _____ Sweatshirt Size _____

Member Name _____ Jacket Size _____ Sweatshirt Size _____

Member Name _____ Jacket Size _____ Sweatshirt Size _____

Check your preference for a gift card?

Schneiders _____ NOQHA Voucher _____ (Can be used for entries at NOQHA shows)

Membership paid online? YES _____ NO _____

Best way to contact you for information about year-end awards? PHONE _____ EMAIL _____