



2024 Membership Application

- Membership in the Georgia Quarter Horse Association, Inc. (GQHA) entitles you to all the membership privileges, including points toward yearend awards for all horses owned by a member in good standing.
- Your GQHA membership should be made using the same name as your AQHA membership.
- **An adult member of a youth's immediate family must be a dues-paid member of GQHA.**
- Family membership includes immediate members, husband, wife and children 18 yrs and under who still resides at home.
- **In order to earn points, ALL information must be provided accurately below.**

Type of Membership: _____ Individual \$25 _____ Family \$25 _____ **NEW YOUTH - FREE**
 Life Membership: For more information contact GeorgiaQuarterHorse@yahoo.com

ADULT Information (REQUIRED for Youth Membership)

Date: _____

Name: _____

Spouse's Name: _____

(MUST be parent if youth membership)

AQHA # _____

AQHA # _____

(REQUIRED if showing)

(REQUIRED if showing)

___ Open ___ Nov Am ___ Amateur ___ Select Amt

___ Open ___ Nov Am ___ Amateur ___ Select Amt

Date of Birth: _____

Spouse's Date of Birth: _____

Phone Number: _____

Phone Number: _____

EMAIL: _____

EMAIL: _____

Address: _____ City: _____ State: _____ Zip Code: _____

You must list each person who should be considered a member:

YOUTH Information

Name: _____ Date of Birth: _____ Youth **OR** ___ Nov Youth

Youth Email: _____ Youth Cell # _____ AQHA# _____

REQUIRED

Name: _____ Date of Birth: _____ Youth **OR** ___ Nov Youth

Youth Email: _____ Youth Cell # _____ AQHA# _____

REQUIRED

Name: _____ Date of Birth: _____ Youth **OR** ___ Nov Youth

Youth Email: _____ Youth Cell # _____ AQHA# _____

REQUIRED

REQUIRED

Horse's Name: _____

Horse ID#: _____

Owner's Name: _____

Foal Year: _____

Please complete and return with *checks payable to GQHA* to:

GQHA P.O. Box 49340 Athens, GA 30604

For more information, please contact Lisa Lee at georgiaquarterhorse@yahoo.com