



# 2025 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.**

\_\_\_\_\_ NEW Youth – FREE      \_\_\_\_\_ Youth - \$25      \_\_\_\_\_ Individual - \$35      \_\_\_\_\_ Family - \$50  
 \_\_\_\_\_ Life Membership - \$600

## **ADULT Information (REQUIRED for Youth Membership)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(MUST be parent if youth membership)

Spouse's Name: \_\_\_\_\_

AQHA # \_\_\_\_\_  
(REQUIRED if showing)

AQHA # \_\_\_\_\_  
(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](mailto:georgiaquarterhorse@yahoo.com)