



# 2026 Membership Application

- **An adult member of a YOUTH's immediate family must be a dues-paid member of GQHA.**
- 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.
- 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: \_\_\_\_\_

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#: \_\_\_\_\_

Foal Year: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's AQHA ID#: \_\_\_\_\_



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)

## MEMBERSHIP QUESTIONNAIRE

**Please complete this form in order for GQHA membership to be completed.**

### **Member Profile: The Basics**

- **Name:**
- **Barn/Farm Name:**
- **Hometown:**
- **What is your role in the equestrian industry?** (e.g., rider, owner, trainer, groom, course designer, official, parent, vendor, sponsor, other)
- **Which discipline(s) do you participate in?** (e.g., hunters, jumpers, dressage, eventing, western pleasure, reining, ranch, etc.)
- **How did you get started with horses?**
- **What are your primary goals for this season?**

### **Horse Information**

- **Horse's show name:**
- **Horse's barn name:**
- **Breed:**
- **Age:**
- **How long have you owned your horse?**
- **What is one word that best describes your horse's personality?**
- **What's the funniest thing your horse has ever done?**
- **What is your favorite memory with your horse?**

### **Horse Show Experience**

- **What has been your most memorable horse show moment?** (Can be a big win, a learning experience, or something funny.)
- **What is your favorite part of a horse show day?** (e.g., the pre-dawn barn quiet, the warm-up ring, the post-show celebration)
- **What is your must-have horse show snack?**
- **What is the most challenging part of showing for you?**
- **What is your favorite horse show venue to compete at, and why?**