2015 Quad City All Breed Horse Association
Application for membership *(membership is from January 1 to December 31)*

( ) New ( ) Renewal ( ) Address Change ( ) Do not publish

Farm/Business _____

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Business or Cell Phone (____) _____

E-mail_____

(newsletters and updates will be sent via e-mail unless you request regular mail—this saves the club paper and postage and you will receive your newsletter quicker)

Family Members (if applicable) Birthdays

Spouse _____ _____

Children _____ _____

_____ _____

_____ _____

Breed of Horses_____

I was recommended by_____

Signature of Applicant _____ Date _____

Signature of Parent or Guardian, if applicant is not of age

_____ Date _____

Applicant accepts the rules and regulations of the QCABHA.

Membership Fees: Family $25.00
(Family members living in the same household and under the age of 18)
Single $20.00
Youth $10.00
(18 years & under)

Send to: QCABHA
P.O. Box 555 / Milan, IL 61264
Make checks payable to: QCABHA

Membership Amount Rec'd: $ Check # Membership Packet