

2021 Quad City All Breed Horse Association



Application for Membership (*membership is from January 1 to December 31*)

() New () Renewal () Address Change () Do not publish

PLEASE PRINT CLEARLY AND LEGIBLY

Farm/Business _____

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

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

E-mail _____

(newsletters and updates will be sent via email 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 _____ Date _____

(if applicant is under 18 years of age)

Applicant accepts the rules and regulations of the QCABHA

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

Make Checks payable to: QCABHA
P.O. Box 555
Milan, IL 61264

Membership

Amount Rec'd: \$

Check#

Date