

# 2022 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( ) New      ( ) Renewal      ( ) Address Change      ( ) Do not publish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