

# OHIO FOUNDATION QUARTER HORSE ASSOCIATION MEMBERSHIP FORM

*Please fill out completely*

Primary Name: \_\_\_\_\_ Show Year: \_\_\_\_\_

Family Members: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

OK to share information w/members: Yes \_\_\_\_\_ No \_\_\_\_\_

## Payment Information

Single Membership one year \$20.00: \$ \_\_\_\_\_

Family Membership one year \$30.00: \$ \_\_\_\_\_

Lifetime Membership one year \$175.00: \$ \_\_\_\_\_

Paid Via; Cash \_\_\_\_\_ Check # \_\_\_\_\_

*All club information is on the website. Please check under Club News for Meeting Minutes & Club Events, and under Show Information for Rule Book, Show Bill, & Pattern Book.*

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## **Required by our Insurance Company**

The undersigned is applying for membership in the Ohio Foundation Quarter Horse Association (OFQHA) and does hereby agree to abide by all rules and by-laws deemed appropriate by the membership. I, the undersigned, am entering into membership at my own risk and release Ohio Foundate Quarter Horse Association and Tom Agler (livestock owner) from any liability, injury, or loss, while participating in any event associate with OFQHA

Signature of Exhibitor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian of Youth Exhibitor \_\_\_\_\_ Date: \_\_\_\_\_