



Ohio Foundation Quarter Horse Association

www.ohfqha.com

MEMBERSHIP FORM

Primary Name: _____

Show Year: _____

Family Members: _____

Membership Number _____
(Prior Year – if Known)

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Phone Number: Cell: _____ OK to Text: Yes No:

Ok to share information w/members: Yes _____ No _____

Payment Information

Single Membership – One Year \$20.00: \$ _____

Family Membership – One Year \$30.00 \$ _____ (Spouse/Partner/Parent/Child/Grandchildren, per family mailing address)

Lifetime Membership - \$175 \$ _____

Paid via: Cash _____ Check# _____ (Checks payable to Ohio Foundation Quarter Horse Association)

For complete rules and club information, please visit our website ohfqha.com, there you will find Club News, & Events, show bill, Rules & Forms, Show Patterns, Results/Scores/Standings, Volunteer Page, Officers & Directors Contact Info, and Photo Gallery of all the fun we have.

****Important Note for Members**** Per club rules, for a member to be considered for year-end awards they must have completed 2 hours of volunteer service for the club.

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 Foundation Quarter Horse Association and Livestock Provider from any liability, injury or loss, while participating in any event associated with OFQHA

Signature of Exhibitor: _____ **Date:** _____

Signature of Parent/Guardian _____ **Date:** _____