



Find us on Facebook – South Carolina Quarter Horse Association

Website: www.scqhaonline.com

Membership Application 2018

Name: _____ AQHA ID _____ Expiration Date _____

Address: _____

Email: _____

Phone: _____

You must be a member of SCQHA to earn SC points for state year end awards in Open, Amateur and Youth events.

****Youth members must be from a Family Membership****

Membership Options:
Check Desired Membership

_____ **SCQHA Family (to include all youth) \$50**

_____ **SCQHA Individual (no youth) \$40**

Names of *all members* that show and date of birth. Please include address if different.

Name: _____ AQHA ID _____ DOB _____

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All Memberships are valid for the 2018 calendar year. If you wish to mail your application, send it to:

SCQHA - Memberships
2383 Roper Mountain Road
Simpsonville, SC 29681

Paid via:
Check _____ or Show tab # _____