Michigan Quarter Horse Association

P.O. Box 278, Greenville, MI 48838 Phone: 616-225-8211 Fax: 616-225-8313
WWW.MIQUARTERHORSE.COM

MQHA Membership Application* ☐ New ☐ Renewal

Youth* (Date of Birth_____/_____/_____)

☐ Includes MQHA Journal 12-month	$30
☐ Without MQHA Journal 12-month	$20
Adult	
☐ 12-month Individual with Journal	$45
☐ 12-month Individual without Journal	$35
☐ 12-month Adult with Spouse	$65
Other	
☐ Farm, Ranch, Corp. or Partnership 12-mo.	$45
☐ Individual Life	$250

Please add $20 for 1st class shipping or Canadian memberships

First Class Postage (REQUIRED ON CANADIAN MEMBERSHIPS)

☐ To upgrade from third class to first class $20

- MQHA requires a copy of youth's birth certificate.

A few benefits of your MQHA Membership

- Michigan Quarter Horse Journal
- Nearly 50 AQHA Shows Annually
- Youth World Show Team & Youth Congress Team
- Stallion Service Sale
- Michigan Quarter Horse Breeders Futurity
- AQHA/MQHA Annual Trail Ride
- Queen Contest
- Annual Convention and Year End Awards
- Leg Up Program
- Youth Scholarships
- Various Clinics

Name_____ **MQHA ID No.**_____ **AQHA ID No.** _____

Spouse _____ **MQHA ID No.** _____ **AQHA ID No.** _____

Address_____

City_____ **State**_____ **Zip**_____

Michigan County_____ **Phone (_____)**_____

☐ Check here if phone is unlisted

Email_____ **Amount $**_____ **Signature**_____

Credit Card Information: ☐ VISA ☐ MasterCard ☐ Discover **SVC Code (from back):** _____

Account Number_____ **Exp. Date** _____/_____ **Zip Code:** _____

☐ **Credit card billing address is not same as above.**
If not the same, please write the billing address on the back of this form. →→→→→→→→→→→→→→

Tax Tip: Contributions or gifts to MQHA are not deductible as charitable contributions for federal income tax; however dues and advertising payments may be deductible by members as an ordinary and necessary business expense.

Please make checks payable to MQHA, and send to MQHA, P.O. Box 278, Greenville, MI 48838

For office use only: ***(Whenever possible, please attach payment to form.)***

Payment type: Check # _____ or cash _____ or CC: _____

Date: Amount: _____ Taken by: _____