

Western New York Quarter Horse Club, Inc. 2008 Membership Application

Name _____ *AQHA ID Number* _____

Street Address _____

City, State, Zip _____

Home Telephone _____ *Cell Phone* _____

Email Address (please write legibly) _____

I would like to receive the WNYQHCI newsletter via email (please provide email address above)

New Membership or Renewal

<i>Type of Membership</i>	<i>Fee</i>	<i>Date</i>
<input type="checkbox"/> Individual [one vote]	\$15.00	Postmarked by January 31, 2008
<input type="checkbox"/> Family [two votes]	\$20.00	Postmarked by January 31, 2008
<input type="checkbox"/> Individual [one vote]	\$20.00	<u>Postmarked February 1, 2008 or later</u>
<input type="checkbox"/> Family [two votes]	\$25.00	<u>Postmarked February 1, 2008 or later</u>

Note: For Youth Club Membership, the youth's family must pay a Family membership. Names of Youth Club members must be listed below with their birthdates and AQHYA numbers. Also, please indicate whether the Youth member wants to be included as a member of the Youth Club division. For other family members, please list each family member to be included in this family membership, along with their AQHA ID numbers.

Name of Family Member *AQHA or AQHYA #* *Youth Birthdate* *Want to be included as member of Youth Club?*

Send this form with payment in US funds (payable to WNYQHCI) to:

Susan Winters
6500 Ann Lee Drive
North Rose, NY 14516

If you have questions, contact Susan at 716-308-4228 or email to KRFQH@aol.com.