

FQHRA

FLORIDA
QUARTER HORSE
RACING ASSOCIATION



Amount Paid \$ _____
Check Number _____
Date _____

MEMBERSHIP APPLICATION

The Association has determined that 100% of your dues are not tax deductible.

Individual/Farm/Ownership Entities \$35 _____
Family (Husband/Wife/Children under 18) \$50 _____

Membership expires June 30th

MEMBER / FARM / OWNERSHIP NAME

SPOUSE / CONTACT PERSON FOR FARM/OWNERSHIP

Street Address _____ City _____ ST _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____ Work/Business _____

Email _____

___ Yes ___ No Are you a current member of the AQHA?

AQHA Member # _____

___ Yes ___ No If no, are you interested in becoming a member?

___ Yes ___ No Do you want the FQHRA to send you e-mails or newsletters regarding our activities?

___ Yes ___ No Do you Breed American Quarter Horses?

___ Yes ___ No Will you breed American Quarter Horses to race in Florida?

___ Yes ___ No I am interested in advertising in the FQHRA Membership Directory

Please circle all of the following that apply to you.

OWNER TRAINER JOCKEY BREEDER STABLE OPERATOR

OTHER, please list _____

**THANK YOU FOR YOUR SUPPORT OF THE
FLORIDA QUARTER HORSE RACING ASSOCIATION, INC.**
FQHRA ☞ 9085 Magnolia Hill Drive ☞ Tallahassee, FL 32309 ☞ (850) 345-4777