

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 I do not have e-mail, but would like information sent to the above address.

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
(\$35.00 discount for FQHRA Members)

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) 386-3619