

Amount Paid \$ _____
Check Number _____



MEMBERSHIP APPLICATION

Member \$ 35 Member & Spouse \$ 50

MEMBER NAME _____

SPOUSE NAME, if joint membership _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # (____) _____ WORK # (____) _____ CELL # (____) _____

E-MAIL ADDRESS _____

Are you a current member of the AQHA? Yes No AQHA Member # _____

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

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

Do you Breed American Quarter Horses? Yes No

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

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**