



# 2017 CQHA MEMBERSHIP FORM

NEW MEMBER  RENEWAL

(1)NAME: \_\_\_\_\_ AQHA# \_\_\_\_\_  
 PLEASE CIRCLE ALL THAT APPLY: OPEN NOVICE AMATEUR SELECT

(1)NAME: \_\_\_\_\_ AQHA# \_\_\_\_\_  
 PLEASE CIRCLE ALL THAT APPLY: OPEN NOVICE AMATEUR SELECT

YOUTH: \_\_\_\_\_ D.O.B.: \_\_/\_\_/\_\_ AQHYA # \_\_\_\_\_  
 PLEASE CIRCLE ALL THAT APPLY: NOVICE SMALL-FRY WALK/TROT 13 UND. 14-18

YOUTH: \_\_\_\_\_ D.O.B.: \_\_/\_\_/\_\_ AQHYA # \_\_\_\_\_  
 PLEASE CIRCLE ALL THAT APPLY: NOVICE SMALL-FRY WALK/TROT 13 UND. 14-18

YOUTH: \_\_\_\_\_ D.O.B.: \_\_/\_\_/\_\_ AQHYA # \_\_\_\_\_  
 PLEASE CIRCLE ALL THAT APPLY: NOVICE SMALL-FRY WALK/TROT 13 UND. 14-18

CQHA MEMBERSHIP TYPES	
<input type="checkbox"/>	<b>ADULT MEMBERSHIP \$30</b> Individuals 19 yrs & older as of 1/1/16
<input type="checkbox"/>	<b>JOINT MEMBERSHIP \$40</b> 2 adults living in the same household
<input type="checkbox"/>	<b>FAMILY MEMBERSHIP \$50</b> 2 adults & youth living in the same household
<input type="checkbox"/>	<b>YOUTH MEMBERSHIP \$10</b> Individuals 19 yrs & older as of 1/1/16 Must accompany an adult membership
<input type="checkbox"/>	<b>LIFETIME MEMBERSHIP \$300</b> Individuals 19 yrs & older as of 1/1/16
<input type="checkbox"/>	<b>JOINT LIFETIME MEMBERSHIP \$500</b> 2 adults & youth living in the same household

CONTACT INFORMATION::	
NAME: _____	ADDRESS: _____
CITY/TOWN: _____	STATE: ____ ZIP: _____
EMAIL: _____ <small>Please print clearly</small>	TEL: [____]-____-_____

\* Please reserve my Lucky Back Number(s) for the 2017 Show Season        
 \$15 per number

I will support CQHA! \_\_\_\$25 \_\_\_\$50 \_\_\_\$100 \$\_\_\_ Other \*To be used for CQHA Activities, Events & Awards!

CQHA is important to me and I understand volunteers are needed. "Many hands lighten the load."		
I am interested in more information about the following committees. If my role is not too time consuming, I may be interested in serving on the following committees:		
<input type="checkbox"/> AWARDS	<input type="checkbox"/> SPONSORSHIPS/PARTNERS	<input type="checkbox"/> MENTOR PROGRAM
<input type="checkbox"/> BANQUET	<input type="checkbox"/> HOSPITALITY/EVENTS	<input type="checkbox"/> FUNDRAISING
<input type="checkbox"/> BY LAWS	<input type="checkbox"/> MARKETING/SOCIAL MEDIA	<input type="checkbox"/> YOUTH ACTIVITIES

**REMINDER:** 2017 Membership expires January 31st 2018.  
 Your Membership card, Canceled Check or Paypal is your proof of paid membership. \*No Exceptions.

To pay via PAYPAL: (1) use CQHA e-mail **ConnecticutQHA@gmail.com** (2) In the PayPal Subject enter your name and the phrase  
**MAIL COMPLETED MEMBERSHIP & CHECK PAYMENT PAYABLE TO CQHA \*\*NO CASH ACCEPTED**  
 Vicki Tollhurst, 16 Virginia Rail Drive, Marlborough, CT 06447 Questions: vtollhurst.cqha@gmail.com