



# 2020 CQHA MEMBERSHIP FORM

NEW MEMBER  RENEWAL

(1)NAME: \_\_\_\_\_

PLEASE CIRCLE ALL THAT APPLY: OPEN NOVICE AMATEUR SELECT

**\* I wish my points to count for SELECT or AMATEUR [Circle One]**

(1)NAME: \_\_\_\_\_

PLEASE CIRCLE ALL THAT APPLY: OPEN NOVICE AMATEUR SELECT

**\* I wish my points to count for SELECT or AMATEUR [Circle One]**

YOUTH: \_\_\_\_\_ D.O.B.: \_\_/\_\_/\_\_

PLEASE CIRCLE ALL THAT APPLY: NOVICE SMALL-FRY WALK/TROT 13 UND. 14-18

YOUTH: \_\_\_\_\_ D.O.B.: \_\_/\_\_/\_\_

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YOUTH: \_\_\_\_\_ D.O.B.: \_\_/\_\_/\_\_

PLEASE CIRCLE ALL THAT APPLY: NOVICE SMALL-FRY WALK/TROT 13 UND. 14-18

| CQHA MEMBERSHIP TYPES    |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>ADULT MEMBERSHIP \$35</b><br>Individuals 19 yrs & older as of 1/1/18                                       |
| <input type="checkbox"/> | <b>JOINT MEMBERSHIP \$45</b><br>2 adults living in the same household   |
| <input type="checkbox"/> | <b>FAMILY MEMBERSHIP \$55</b><br>2 adults & youth living in the same household                                |
| <input type="checkbox"/> | <b>YOUTH MEMBERSHIP \$10</b><br>Individuals 19 yrs & older as of 1/1/18<br>Must accompany an adult membership |
| <input type="checkbox"/> | <b>LIFETIME MEMBERSHIP \$300</b><br>Individuals 19 yrs & older as of 1/1/18                                   |
| <input type="checkbox"/> | <b>JOINT LIFETIME MEMBERSHIP \$500</b><br>2 adults & youth living in the same household                       |

CONTACT INFORMATION::Please fill in all blanks accurately. Missing information could lead to errors in point keeping

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Please print clearly TEL: [\_\_\_\_]-\_\_\_\_-\_\_\_\_\_

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

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:** 2019 Membership expires January 31st 2019.  
Your Canceled Check is your proof of paid membership. \*No Exceptions.  
There will be an updated membership list in the show office at all CQHA shows

**MAIL COMPLETED MEMBERSHIP & CHECK PAYMENT PAYABLE TO CQHA    \*\*NO CASH ACCEPTED**  
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(860)307-6963