



2022 CQHA MEMBERSHIP FORM

NEW MEMBER RENEWAL

| CQHA MEMBERSHIP TYPES | |
|--------------------------|---|
| <input type="checkbox"/> | ADULT MEMBERSHIP \$35 Individuals 19 yrs & older as of 1/1/22 |
| <input type="checkbox"/> | JOINT MEMBERSHIP \$45 2 adults living in the same household |
| <input type="checkbox"/> | FAMILY MEMBERSHIP \$55 2 adults & youth living in the same household |
| <input type="checkbox"/> | YOUTH MEMBERSHIP \$10 Individuals 19 yrs & older as of 1/1/22 Must accompany an adult membership |
| <input type="checkbox"/> | LIFETIME MEMBERSHIP \$300 Individuals 19 yrs & older as of 1/1/22 |
| <input type="checkbox"/> | JOINT LIFETIME MEMBERSHIP \$500 2 adults & youth living in the same household |

(1)NAME: _____ AQHA# _____

PLEASE CIRCLE ALL THAT APPLY: OPEN NOVICE AMATEUR SELECT

*When Classes are Combined I wish my points to count for SELECT or AMATEUR [Circle One]

(1)NAME: _____ AQHA# _____

PLEASE CIRCLE ALL THAT APPLY: OPEN NOVICE AMATEUR SELECT

*When Classes are Combined I wish my points to count for SELECT or AMATEUR [Circle One]

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

CONTACT INFORMATION:

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!

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: 2021 Membership expires January 31st 2021. Your Membership card, Cancelled Check or Paypal is your proof of paid membership. *No Exceptions. There will be an updated membership list in the show office at all CQHA Shows.

****NO CASH ACCEPTED**

MAIL COMPLETED MEMBERSHIP & CHECK PAYMENT PAYABLE TO CQHA

Michele Carver, 7 Thrall Road, Broad Brook, CT 06016

Questions: mcph279@gmail.com