



# 2025 CQHA MEMBERSHIP FORM

NEW MEMBER  RENEWAL

(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]

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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 \$35</b> Individuals 19 yrs & older as of 1/1
<input type="checkbox"/>	<b>JOINT MEMBERSHIP \$45</b> 2 adults living in the same household
<input type="checkbox"/>	<b>FAMILY MEMBERSHIP \$55</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 Must accompany an adult membership
<input type="checkbox"/>	<b>LIFETIME MEMBERSHIP \$300</b> Individuals 19 yrs & older as of 1/1
<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: \_\_\_\_\_ 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:** 2025 Membership expires January 31st 2026.

Your Membership card, Canceled 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.

**MAIL COMPLETED MEMBERSHIP & CHECK PAYMENT PAYABLE TO CQHA**      **\*\*NO CASH ACCEPTED**  
Michele Carver, 7 Thrall Road, Broad Brook, CT 06016      Questions: mcph279@gmail.com