



MEMBERSHIP APPLICATION



NAME: _____

AQHA #: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Please indicate if you accept to receive email communications from the Area 1 QHPA Board of Directors throughout your membership – including, but not limited to, show updates, event information, AGM information, promotional notices, etc.

Yes

No

YOUTH NAMES AND BIRTHDATES:

MEMBERSHIP FEES:	SINGLE:	\$35.00
	FAMILY:	\$50.00
	LIFE/SINGLE:	\$250.00
	LIFE/FAMILY:	\$350.00

PLEASE SEND COMPLETED FORM, ALONG WITH PAYMENT, TO:

JOYCE SIMPSON
1271 WILKESPORT LINE
SOMBRA, ON N0P 2H0
519-864-4333

Please make cheques payable to: Area 1 QHPA
Or, e-transfer to: sjasimpson@aol.com