



Western New York Quarter Horse Club, Inc.

2021 Membership Application

Date _____
 Parent/Adult's Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Cell Number: _____
 Email Address (please write legibly): _____

New Membership Renewal

Type of Membership

**Must be 18 yrs or over for Individual Membership

___ Individual (one vote) \$30.00 ___ Family (two votes) \$35.00

____ Lifetime (one vote) \$250.00

Cash Check # _____

NOTE: Please indicate the names of additional family members under 18 years of age to be included in the Family Membership. **For your child to be eligible for Youth Club Membership, the youth's family must pay a Family Membership.** Names of Youth Club members must be listed below with their birthdate. Please indicate if Youth would like membership in the Youth Club.

Youth Name or other Family Members to be Included in Membership	Youth Birthdate	Include in Youth Club? (Yes/No)

SELECT EXHIBITORS: You must declare how you want your WNYQHCI points to accumulate for the 2021 show season in the event that Amateur and Select classes are combined. _____ Select _____ Amateur
Nomination fees to be paid by division for points to be tabulated for year-end awards, please check desired divisions: **Note**:** If nomination fees were paid for the 2020 year, they will automatically carry over to 2021 and do not need to be paid again

AQHA Open Amateur Novice Amateur Rookie Amateur AQHA Yth Novice Yth Rookie Yth
 Amateur Division Open Show Division

Fees \$ 10.00 per division _____ divisions x \$10 = Total _____

Please remit this form and payment in US funds (payable to WNYQHCI) to:

Karen Randall
 4456 Ridge Road
 Lockport, NY 14094

Please email randallkaren254@gmail.com with any questions.