



2012 Membership Form

Membership: New ___ Renewal ___ Do you want to receive the Newsletter? Y ___ N ___
If yes, circle one: Email US Mail Both ___ I do not wish to have my name published in the Membership Directory. If space is not checked, name will be published.

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Youth Name: _____

Address: _____

City: _____ State _____

Hm Phone: _____ Cell Phone: _____ Email: _____

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Parents Name: _____

Address: _____

Cell#'s: _____

Additional Email: _____

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Youth: Circle the Division/s in which you qualify to ride (Open is assumed):
(this if for our information only, you must still fill out forms & pay fee's with MSQHA for Points)

Youth 14-18 Youth 13 & Under Novice Youth Walk-Trot Leadline

AQHYA No. _____ Division. _____ DOB: _____

Horses:

Name: _____ AQHA No. _____ Owner _____

Name: _____ AQHA No. _____ Owner _____

***YTH WILL NEED TO JOIN MSQHA GENERAL MEMBERSHIP. REGISTER & PAY FEE'S FOR THEIR HORSE/YOUTH IF THEY WANT POINTS TO COUNT FOR YEAR END AWARDS WITH MSQHA! RULES FOR YEAR END AWARDS ARE LISTED AT MSQHA.COM**

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As a member of MSQHYA, what would you like to see us accomplish in 2012? _____

What Educational Activities would you like to see us do? _____

What activities do you do with your horse? _____

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YOUTH ASSOCIATION MEMBERSHIP FEE \$15.00

Memberships Due by FEB 1st, 2012 to stay on email list!

\$ _____

Cash or Check

Make checks payable to MSQHYA and mail to: Sabrina Ginn
855 Stemmers Run Rd
Earleville, Maryland 21919
443-553-3915