

RMQHA Outreach Program Enrollment Form

Year Applying _____ 18 & Under ____ 19 & Over ____

Your Name _____

RMQHA Membership ID Number _____

Check here if you are a New Member

Your Address _____

City _____ State _____ Zip Code _____

Telephone _____

Registered Name of Quarter Horse _____

AQHA Registration Number _____ Year Foaled _____

Recorded Owner of Horse _____

Indicate by checking this box if more than one person will exhibit horse enrolled.

Form of Payment **Check** **Cash** **\$10 (members)**

I understand and agree to the rules and requirements of the RMQHA Outreach Program. Further, I understand that I must have the exhibitor report form in my possession prior to competing in any RMQHA-approved Outreach event.

Exhibitor's Signature _____

Date _____

Notice: Outreach Program enrollment is valid for the calendar year (January 1 through December 31). Any member, non-member or exhibitor who gives false information to RMQHA may be subject to disciplinary action by the Executive Committee, and may be denied all privileges of the association.

**Return to: RMQHA, ATTN: Outreach Program, 4701 Marion St.,
Suite 307, Denver, CO 80216**