

2019 Membership Application

RMQHA

ROCKY MOUNTAIN QUARTER
HORSE ASSOCIATION

For over 70 years, RMQHA has shared your dedication to and enthusiasm for the American Quarter Horse. Whether you race, breed, show, ranch, trail ride, or just like to socialize and keep up with regional Quarter Horse news, this association is for you. RMQHA provides the leadership vital to the protection and enhancement of our industry, heritage, education, programs and activities.

Join us as we continue to support and promote the Quarter Horse and our members in the Rocky Mountain region!

Membership Benefits include:

- Full-color monthly and bi-monthly magazine
- Timely communications via e-blasts & social media
- A voice & vote at the annual RMQHA convention
- A voice in state legislation
- Qualification for Colorado-Bred racing entries
- All trail ride information
- Eligibility for amazing Year-End Awards
 - Youth & Amateur, Rookie, Level 1 (Novice)
 - Youth 13 & under & 14-18
 - Amateur & Amateur Select
 - Open & L1 (Green Horse)
 - Race
- Endless networking and socializing opportunities!

(Please note: Every person associated with a particular horse must be a RMQHA member in good standing in order to qualify for programs and points. For more info, please see the website or contact the office.)

Referred By: _____

Name: _____

Company: _____

AQHA # _____

Youth member: Parent(s) name & contact info: _____

Address: _____

City/State/ Zip: _____

Phone/Cell: _____

Email: _____

Birth Date: _____

Membership Type: New _____ Renew _____

___ Youth\$25

___ Youth with Open Division Privileges\$55

___ Amateur with Open Division Privileges\$55

___ Open Individual\$55

___ Corporate/Ranch\$55

___ Family membership (*limited benefits*)\$55

___ Lifetime Membership (*magazine not included*)\$350

___ Magazine Subscription ONLY\$30

Please pay by: ___ Cash ___ Show Tab

___ Check # _____ *Make checks payable to RMQHA.*

___ Credit Card ___ (Visa) ___ (MasterCard)

3% convenience charge will be added on all credit card transactions

Name on Card: _____ Exp. _____

Credit/Debit Card# _____ CCV# _____

Signature _____

Billing Address: _____

City/State/ Zip: _____

___ Check here if same as above.

www.RMQHA.com

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