



OQHA Membership Number _____

5506 North Rockwell Avenue, Bethany, OK 73008

Phone (405) 440-0694 ♦ Fax (405) 440-0649 ♦ Email okqha@sbcglobal.net ♦ Website www.okqha.com

Membership Application

Please fill out and return with fees to above address.

All memberships will expire on the first Monday of October. Memberships will become effective on the day the application is processed in the OQHA office.

All registered **OWNERS** of competing horses in all divisions and all **EXHIBITORS** in the Open division must be members of OQHA at the time of showing for points to count toward year-end awards.

Name of member: _____

Ranch Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth (For Amateur or Youth): _____

Please check ONE membership option:

- | | | | |
|--|----------|--|---------|
| <input type="checkbox"/> Open - 1 Year | \$25.00 | <input type="checkbox"/> Open - 3 Year | \$75.00 |
| <input type="checkbox"/> Open/Amateur - 1 Year | \$30.00 | <input type="checkbox"/> Open/Amateur - 3 Year | \$90.00 |
| <input type="checkbox"/> Open/Youth - 1 Year | \$35.00 | <input type="checkbox"/> Youth - 1 Year | \$10.00 |
| <input type="checkbox"/> Youth Life | \$100.00 | | |
| <input type="checkbox"/> Amateur 1 Year Renewal for Open Life or Amateur Upgrade | | \$5.00 | |

Signature of Applicant: _____

NOTE: If you exhibit or own a horse that competes in OQHA shows, all associated exhibitor AND owner AQHA I.D. numbers must be indicated on this form in order for points to count toward OQHA year-end awards.

AQHA # _____ Name as listed on card: _____

AQHA # _____ Name as listed on card: _____

My check is enclosed in the amount of \$ _____

Please charge my credit card \$ _____ Visa MasterCard

Card Number: _____ - _____ - _____ - _____ Expiration: ____/____

Office Use Only

Received: _____

Updated: _____

Mailed: _____