



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.org

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** must be members of OQHA at the time of for points to count toward year-end awards. Please consult the *State Championship Rules* for eligibility of year-end awards. Youth must fulfill the meeting and fundraiser requirements to be eligible for year end awards.

Name of member: _____

Ranch Name or Parent's Name (if Youth): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

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

Date of Application: _____

Please check ONE membership option:

- | | | | |
|--|----------|--|---------|
| <input type="checkbox"/> Open – 1 Year | \$25.00 | <input type="checkbox"/> Open – 3 Year | \$70.00 |
| <input type="checkbox"/> Open/Amateur – 1 Year | \$30.00 | <input type="checkbox"/> Open/Amateur – 3 Year | \$85.00 |
| <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 | \$5.00 |

This Applies ONLY to those who already have a life membership and wish to compete in Amateur events.

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 have memberships in order for points to count toward OQHA year-end awards. IE: If the horse you exhibit is owned under a ranch name, both the exhibitor and ranch need OQHA memberships.

AQHA # _____ Name as listed on card: _____

All cards will be charged a 4% processing fee

My check is enclosed in the amount of \$ _____

Please charge my credit card \$ _____ Visa MasterCard

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

CSV: _____ Zip Code: _____

Office Use Only

Received: _____

Updated: _____

Mailed: _____