

OHIO FOUNDATION QUARTERHORSE ASSOCIATION

MEMBERSHIP SIGNUP

Name: _____

Address: _____

Phone Number: _____

Email address: _____

Single Membership \$20 _____

Family Membership \$30 _____

Lifetime Membership \$175 _____

Can we share your information with other members? (Y/N) If there is specific information you would like not to share, please indicate.

Would you like to receive newsletter by email? (Y/N)

The undersigned is applying for membership in the Ohio Foundation Quarter Horse Association and if accepted, does hereby agree to abide by all rules and by-laws deemed appropriate by the membership.

Signature _____

Please circle one Renewal / New
Membership runs January 1st through December 31st
Please mail to:

Ohio Foundation Quarter Horse Association
P.O. Box 2506
Zanesville, OH 43702-2506