Northern Ohio Quarter Horse Association Membership Application

Calendar Year 2025

Name		_	Cell #: ()
Address		_	Phone #: (
City, State, Zip Code		_		
Email (mandatory)				
YOUTH: \$15 ADULT:	: \$25 FAMILY: \$		\$40 ADULT LIFE \$150 YOUTH LIFE: \$50	
(Indicate Members Below) Husband:	AQHA #:	Wife		
Youth:	Date of Birth:		AQHYA #:	Novice
Youth:	Date of Birth:		AQHYA #:	Novice
Youth:	Date of Birth:		AQHYA #:	Novice
Please include the following inf I Horse Name	t will help to personalize	e your	year-end awards.	will be showing this year. Sleezy Size
Horse Name			tet Size	Sleezy Size
Horse Name_		_		
Member Name		_Jacket	t Size	Sweatshirt Size
Member Name		_Jacket	t Size	Sweatshirt Size
Member Name		_Jacket	t Size	Sweatshirt Size
Check your preference for a gift c	ard?			
SchneidersNOQHA	Voucher(Can b	e used	for entries at NOQ	HA shows)
Membership paid online? YES _	NO			
Best way to contact you for inform	nation about year-end awa	ards? F	PHONE EMA	AIL