



Oregon Quarter Horse Association, Inc.

PO Box 537, Newberg, OR 97132
(503) 537-9845

Ranch or Company Name: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home) _____ (Cell) _____ Email: _____

Hereby apply for membership in the Oregon Quarter Horse Association, Inc.
Check Type of Membership:

[] \$55.00 Family Membership (two memberships & two votes) includes one child enrolled in the youth division. Additional children: \$5.00 each.

Youth Name: _____ Birth date: _____ Age: _____

Youth Name: _____ Birth date: _____ Age: _____

[] \$70.00 Joint Membership (2 adult memberships & 2 votes) adults living in the same household.

[] \$50.00 Single Adult Membership (one membership & one vote) One natural name only or ranch, company, corporation or syndicate. Partnerships require membership for each individual.

[] \$45.00 OQHA Youth Division. (OQHYA – 18 and under) No vote on OQHA matters. Age is determined by the age on January 1.

Birth date: _____ Age: _____

** [] \$20.00 Amateur Division Membership

Amateur Name: _____ Birth date: _____ Age: _____

**Amateur membership is in addition to a family/single/joint OQHA membership. Points for any Amateur Division sponsored awards are tabulated only after OQHA membership and Amateur memberships are received. Amateur must complete 4 hours of volunteer service to be eligible for an Amateur Top 5 award.

Memberships must be paid by April 1st for points to be tabulated for year-end awards. Points toward year-end awards are tabulated only after membership is received. All owners and exhibitors must be members for points to count for year-end awards. Date of birth is required for all amateur members. Benefits of OQHA membership include: OQHA directory, email newsletter, reduced fee to Oregon Bred registration, year-end awards program, special offers from Nutrena feed and other OQHA corporate sponsors.

By signing this application, I agree to abide by all of the Oregon Quarter Horse Association By-laws, rules and regulations. I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to myself, others, horses and property. I knowingly assume all risks. Application is not valid unless signed. Parent or Guardian signature required for all Youth memberships.

Signature: _____ Date: _____