



## 2018 TSQHA MEMBERSHIP & NOMINATION FORM

Circle One:      New              Renewal              Life

Circle all that apply:      Individual              Family (*includes those under age 21 in college*)

Circle the type of membership: Individual - \$20.00      Family - \$25.00      Life - \$200

**\*\* A youth must be either an individual member or covered under a family membership \*\***

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Cell #: \_\_\_\_\_

PLEASE PROVIDE EMAIL FOR UPDATE ON TSQHA NEWS!

Email: \_\_\_\_\_

As a youth you must have a membership with TSQHA, then a youth membership form must be completed with an additional \$5.00 per youth membership for the **TSQHA Youth Team Nomination**. This also can be sent to Gail Meister at address below or Joe Robison.

### TRI-STATE QUARTER HORSE ASSOCIATION POINTS NOMINATION FORM - 2018

Horses Name: \_\_\_\_\_

AQHA #: \_\_\_\_\_

Owner: \_\_\_\_\_

Year Foaled: \_\_\_\_\_

- • Owner of the horse must be a current Tri-State Member \* \*

**\*\* Nomination Fee: \$30.00 per horse for the first division, 10.00 for each division thereafter \*\***

Circle all the apply:

Open	\$30.00 / \$10.00
Amateur	\$30.00 / \$10.00
Novice Amateur	\$30.00 / \$10.00
Select	\$30.00 / \$10.00
Youth	\$30.00 / \$10.00
Novice Youth	\$30.00 / \$10.00
Small Fry	\$30.00 / \$10.00
Lead Line	\$30.00 / \$10.00

• Points follow nominated horse by the nominator, with exception of Lead Line and Small Fry Exhibitors. Points shall be based on rider alone for the Lead Line and Small Fry Divisions. Lead Line and Small Fry Exhibitors need to be nominated, not the horse.

- • Membership fees and nomination fees must be paid to Gail Meister prior to point accumulation! Prior to the first class of that said show!

HORSE SHEET SIZE \_\_\_\_\_ HORSE SLEEZY SIZE \_\_\_\_\_

Total **Membership** and **Nomination** Amount Payable to TSQHA:

\$ \_\_\_\_\_

Mail check (payable to TSQHA) along with form to:

Gail Meister  
14210 Hiland Place  
North Huntingdon, PA 15642-1027

OFFICE USE  
DATE RECEIVED \_\_\_\_\_ CK# \_\_\_\_\_  
AMT. \_\_\_\_\_

