

## 2024 PCQHA MEMBERSHIP APPLICATION

All Adult & Youth memberships expire NOVEMBER 30. Membership shall become effective the day the membership application is received in the PCQHA Office, or accepted by the show secretary at a PCQHA approved show.

**ALL REGISTERED OWNERS** & **EXHIBITORS** of a competing horse **IN ALL DIVISIONS** must be members of PCQHA at the time of showing for points to count towards awards. **Youth exhibitors** must be members of PCQHYA to earn points/awards in the youth division, and/or qualify to participate in PCQHA youth team competition. **Amateur exhibitors** must be members of PCQHA to earn points/awards in the amateur division. Points earned by any horse during a lapse of owner's membership will not be picked up on subsequent payment. A **current PCQHA membership** is required of any exhibitor competing for an All-Around Award, Circuit Award, or any PCQHA special award, including, but not limited to, jackpot or added money at PCQHA sponsored horse shows, special events, etc.

## PCQHA RULES REQUIRE THE OWNER OF THE HORSE (AS LISTED ON THE HORSE'S REGISTRATION PAPERS) AS WELL AS THE EXHIBITOR TO BE A CURRENT PCQHA MEMBER. ★ IN SOME CASES THIS WILL REQUIRE MULTIPLE AQHA AND PCQHA MEMBERSHIPS ★

Note: Contributions or gifts to the Pacific Coast Quarter Horse Association are not tax deductible as charitable contributions for federal income tax purposes; however, dues payments and contributions may be deductible as ordinary and necessary business expense.

PLEASE COMPLETE ALL OF FO	DRM:				
Member Name			AQHA #		_ DOB
Address					
City			State		Zip
Home phone		Cell phone			
Email					
CHECK ONE →	Open	Professional	Youth	Amateur	Select
<b>AMOUNT ENCLOSED</b> <i>Please check one:</i>			\$ 40.00 \$400.00 \$ 30.00 \$120.00 \$400.00	1 Year Life 1 Year Life <b>(*Until</b> o Youth through	end of youth eligibility) h adult life
		e for the PCQHA Bı			litional \$30).
		tiple Buckle Bonanza r need to be a current PC		our trainer will	be showing your horse in L1
6		\$25 to my memb cific Coast Journal	ership fee for	a subscription	n to the official monthly
My check # made out to PCQHA is enclosed					
Please charge to my Visa MasterCard		#			
Date of Expiratio	n	_ Code Signa	ature		
TOTAL ENCLOS	ED				
My signature below i regulations of PCQHA			it to abide b	y and be bo	und by the rules and
Signature of applicant		Date			
	Please	complete this form	n & return to	РСQНА	

Address: 935 Riverside Avenue, Suite #17, Paso Robles, California 93446 Phone (805) 835-8817 | Email: PCQHAoffice@gmail.com | Website: www.pcqha.com

THANK YOU FOR JOINING PCQHA