



**IDAHO QUARTER HORSE ASSOCIATION  
MEMBERSHIP  
APPLICATION  
(January 1 – December 31, 2022)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ **County** \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
**AQHA MEMBERSHIP #** \_\_\_\_\_ AQHA MEMBERSHIP # \_\_\_\_\_

**(IQHYA MEMBERSHIP IS NOT INCLUDED IN FAMILY MEMMERSHIP  
TO BE ELIGIBLE FOR YOUTH POINTS, YOUTH MUST JOIN IQHYA)**

Youth Name \_\_\_\_\_ DOB \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Youth Name \_\_\_\_\_ DOB \_\_\_\_\_ E-Mail \_\_\_\_\_  
**AQHA #** \_\_\_\_\_ AQHA # \_\_\_\_\_

Name of Horse \_\_\_\_\_ Yr Foaled \_\_\_\_\_ Back # \_\_\_\_\_  
 AQHA # \_\_\_\_\_ State Foaled \_\_\_\_\_ Breeder \_\_\_\_\_  
 Exact Name of Owner \_\_\_\_\_  
 Exhibitors of this Horse \_\_\_\_\_ Open \_\_\_\_\_ Amateur \_\_\_\_\_ Select \_\_\_\_\_ Youth \_\_\_\_\_

Name of Horse \_\_\_\_\_ Yr Foaled \_\_\_\_\_ Back # \_\_\_\_\_  
 AQHA # \_\_\_\_\_ State Foaled \_\_\_\_\_ Breeder \_\_\_\_\_  
 Exact Name of Owner \_\_\_\_\_  
 Exhibitors of this Horse \_\_\_\_\_ Open \_\_\_\_\_ Amateur \_\_\_\_\_ Select \_\_\_\_\_ Youth \_\_\_\_\_

\_\_\_ IQHA FAMILY MEMBERSHIP.....\$ 35.00  
 \_\_\_ INDIVIDUAL MEMBERSHIP .....\$ 30.00  
 \_\_\_ YOUTH MEMBERSHIP.....\$ 10.00  
**\_\_\_ HORSE NOMINATIONS (Point Keeping).....Per Horse.....\$ 20.00**  
 \_\_\_ ALLIED MERCHANT MEMBERSHIP .....\$ 75.00  
 TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

**Money for points keeping & horse nominations must be sent in with membership**

**If not included points will not be kept**

**(PLEASE PRINT CLEARLY)**

Make Check Payable To: **IQHA MEMBERSHIP**  
 Mail To: **IQHA** PO Box 1517 Caldwell, ID 83606

POSTMARK DATE _____	FOR OFFICE USE ONLY	CHECK NUMBER _____	CASH _____
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