

EASTERN OHIO QUARTER HORSE ASSOCIATION

NAME: _____ EMAIL: _____

STREET: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ SS# _____

Number of each: _____ Youth*(\$15.00) _____ Single (\$25.00) _____ Family (\$35.00)

If Family Membership- Spouse Name: _____

Child Name & DOB: _____

Child Name & DOB: _____

Child Name & DOB: _____

YOUTH MEMBERSHIP NOT EFFECTIVE WITHOUT BIRTHDATE

DATE OF APPLICATION: ____/____/____

MAIL TO : Kathy James, 410 Coutny Line Rd, Hopewell, OH 43746 (740)405-1343
Please make check payable to : EASTERN OHIO QUARTER HORSE ASSOCIATION