



20__ MEMBERSHIP APPLICATION

5901 Warwick Ct

New Orleans, La. 70131

504-392-6718 – Cell 504-881-9385

NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____ (Work) (Home) _____

AQHA ID #: _____ SS# _____

2006 Points will be kept by AQHA number. Must be complete for points to count.

Are you a Novice? Yes _____ No _____

A first time member of LQHA? Yes _____ No _____

E-MAIL ADDRESS: _____

CIRCLE ONE

LIFE ANY DIV. \$200.00

YOUTH/OPEN \$25.00

OPEN \$35.00

AMATEUR/OPEN \$35.00

YOUTH INFORMATION

Birthday: Month _____ Day _____ Year _____

Age Group: 13 & Under _____ 14 thru 18 _____

Parent/Guardian: _____

AMATEUR INFORMATION (MUST HAVE)

Birthday: Month _____ Day _____ Year _____

RETURN APPLICATION WITH YOUR PAYMENT TO LQHA