

**AMERICAN HALF QUARTER HORSE REGISTRY'S
 "HALF" TO RIDE PROGRAM APPLICATION
 LET'S RIDE!!!!**

NAME: _____ AHQHR MEMBER # _____

STREET: _____

CITY: _____ STATE/ PROVINCE: _____

ZIP CODE: _____ COUNTRY: _____

TELEPHONE: _____ E MAIL: _____

Not a member? Join Now!!

MEMBERSHIP:

INDIVIDUAL (1 YEAR)	\$25	LIFETIME:	\$150
FAMILY OR RANCH (1 YEAR)	\$35	LIFETIME	\$200

MEMBERSHIP TOTAL \$ _____

"HALF" TO RIDE PROGRAM

\$25 x _____ HORSE(S) = _____

HORSE'S REGISTERED NAME	AHQHR REG. NUMBER	MEMBER'S NAME	MEMBERSHIP NUMBER

FEES DUE:

"HALF" TO RIDE APPLICATION FEE:	\$ _____
MEMBERSHIP FEES:	\$ _____
TOTAL AMOUNT DUE:	\$ _____

PLEASE RETURN WITH PAYMENT (CHECK, CASH , MONEY ORDER (USD))TO:
 AMERICAN HALF QUARTER HORSE REGISTRY
 P.O.BOX 2111
 Carlsbad, NM, 88221

How did you hear about us?

Magazine ____ From AQHA ____ Web Site ____ Friend ____ Other ____