



QUARTER HORSE EXHIBITORS ASSOCIATION OF CALIFORNIA
c/o Sue Kvern, Secretary/Treasurer
52094 Sunquist Road
Milton-Freewater, OR 97862

2021 MEMBERSHIP APPLICATION
Jan 1, 2021 – Dec 31, 2021

1. The purpose of this membership is for YEAR-END CATEGORY AWARD qualification only. There are no voting privileges. It is purely an awards-based membership for this organization.
2. Qualifying Shows: QHEAC Spring Break, QHEAC Summer Shows, QHEAC Wine & Roses. Exhibitors must show to a minimum of 10 judges out of 12 possible in order to qualify for a year-end category award.
3. All horse owners AND exhibitors MUST have a current QHEAC Membership to be ELIGIBLE for QHEAC Year-End Category Awards, which must be paid no later than MARCH 21, 2021 for class points to count. If exhibitor AND owner are the same, only one membership of \$150 needs to be paid.
4. Categories are: AQHA Open Junior, AQHA Open Senior, AQHA Amateur, AQHA Amateur Select, AQHA Level 1 Amateur, AQHA Youth, AQHA Limited Youth, VRH Open Junior, VRH Open Senior, VRH Amateur, VRH Limited Amateur, VRH Youth, VRH Limited Youth exhibitors must show to a minimum of 10 judges to qualify for Year-End Category Awards.

MEMBERSHIP FEES/YEAR – ALL MEMBERSHIPS ARE \$150/EACH

Please select all that apply

AQHA Youth: _____	AQHA Amateur: _____	AQHA Open (Jr/Sr): _____
AQHA Level 1 Youth: _____	AQHA Amateur Select: _____	VRH Open (Jr/Sr): _____
AQHA VRH Youth: _____	AQHA Level 1 Amateur: _____	OWNER: _____
AQHA VRH Limited Youth: _____	VRH Amateur: _____	(If owner is different than exhibitor.)
(Youth: 18 & Under as of 1-1-21)	VRH Limited Amateur: _____	

OWNER NAME: _____ Owner same as Exhibitor? yes no
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
HOME #: _____ CELL #: _____ EMAIL: _____

OWNER SIGNATURE* _____ DATE _____
(*My signature above is evidence of my agreement to abide by and be bound by the rules and regulations of QHEAC.)

EXHIBITOR NAME: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
HOME #: _____ CELL #: _____ EMAIL: _____

EXHIBITOR SIGNATURE* _____ DATE _____
(*My signature above is evidence of my agreement to abide by and be bound by the rules and regulations of QHEAC.)

PLEASE RETURN FORM WITH PAYMENT TO ADDRESS AS LISTED ABOVE:

Check # _____ Amount _____
Credit Card # _____ CCV # _____ EXP _____ ZIP: _____
Name on Credit Card _____

OFFICE USE ONLY: Received by: _____ Date: _____ Amount Received _____