



Box 1122, Carberry, Manitoba R0K 0H0
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APPLICATION FOR CQHA "DIRECT" MEMBERSHIP
(for those persons who are **NOT** current members of AQHA)

Member(s) Name(s):

Minor Children's Names & Birth Dates:

Address:

City: Prov: Postal Code:

Telephone: Fax:

E-mail: (Home or Work)

Submission of the above information will be kept strictly confidential in CQHA's database, unless you specifically request otherwise as follows:

- I also wish to receive communications and information direct from CQHA ____ (check)
- I agree to keep CQHA informed of my current contact information so that I can be advised of the date and venue of Annual General Meetings (AGM) of the membership ____ (check)

Membership Fees paid for calendar year 201__ (please check one of the following):

_____ "single" membership (one adult, or one adult single parent with 1 minor child 18 years & under, as of January 1 each year) = 1 vote in CQHA & Equine-Hippique Canada - Fee payable = \$10.00/year

_____ "family" membership (two adults, and all minor children 18 years & under as of January 1, each year) = 2 votes in CQHA & Equine-Hippique Canada Fee payable = \$15.00/year

Please make cheque payable to: CQHA and mail with this form to:
CQHA, c/o Box 1122, Carberry, MB R0K 0H0