WTQHA MEMBERSHIP FORM

JILL DINNING
785 MAIN ST
MARTIN, TN 38237
731-588-1295

PLEASE PRINT THIS FORM AND MAIL WITH PAYMENT TO ABOVE ADDRESS.

YEAR _____

_____**SINGLE MEMBERSHIP $15.00** _____**FAMILY MEMBERSHIP $25.00**

MEMBER NAME: _____
(***PLEASE GIVE NAME AS REGISTERED ON AQHA CARD)***

ADDRESS: _____

CITY STATE, ZIP: _____

PHONE #: _____

EMAIL: _____

PLEASE PRINT ALL INFORMATION SO THAT IT MAY BE READ!!!

ADDITIONAL FAMILY MEMBER NAMES: (FOR FAMILY MEMBERSHIPS ONLY)

(PLEASE GIVE NAMES AS REGISTERED ON AQHA CARD)

1. _____
2. _____
3. _____
4. _____
5. _____

**** IF YOU ARE JOINING WTQHA DURING THE WEEKEND OF A WTQHA SHOW, THE MEMBERSHIP FORM MUST BE COMPLETED AND ACCEPTED BEFORE THE NEW MEMBER BEGINS SHOWING IN ORDER TO BE ELIGIBLE FOR WTQHA POINTS FOR THE WEEKEND.**
WHEN JOINING AT A WTQHA SHOW, YOU CAN REQUEST THE MEMBERSHIP FEE BE ADDED TO YOUR SHOW TAB

ACCEPTED BY: _____**DATE:**_____

(WTQHA OFFICIAL)