



Illinois Quarter Horse Association
P.O. Box 7
Ashmore, IL 61912
630-338-3383

www.ilqha.com

Yes! Please enroll me in the IQHA Horseback Riding Rewards Program

Today's Date _____

Participation Fee \$25.00 (this is a one-time life-time fee) \$ _____

Check one or both:

Registered Quarter Horse Division All Breads Division

I currently have an IQHA membership (if yes, skip next section)

I do not have a current IQHA membership

Check membership category and enclose additional fee

12-month Single Annual membership \$25.00

12-month Family Annual membership \$30.00

12-month Youth Annual membership \$20.00 \$ _____

Total amount enclosed \$ _____

Name _____ County of Residence _____

Address _____

City _____ State _____ Zip _____

Home Telephone: _____ Cell Telephone _____

Email Address: _____

Are you? Adult Youth (18 and under) please select only one.

Horse: _____ Breed: _____ Reg # _____

Horse: _____ Breed: _____ Reg # _____

Horse: _____ Breed: _____ Reg # _____

Horse: _____ Breed: _____ Reg # _____

Checks Payable to ILQHA

Do Not Send Cash

Mail To:

IQHA Horseback Riding Programs
Heidi Coop, Coordinator
1475 Collins Road
Oswego, IL 60543