## Empire State Quarter Horse Association 2018 Membership Application

Name:				EMDID
				THE
Address:				STATE
City, State, Zip:				
Home Phone:				
Cell Phone:				
Email Address:				Quarter Horse Association
I would like the ESQHA newsletter to [The emailed version of the newslette possible. If you cannot receive email,	er is in full color. Pl	ease select to re	•	•
List names and AQHA nur Name	mbers for all men	nbers included	in the members AQHA i	•
Select Exhibitors: You must declare how you want y	our ESQHA poin	ts to accumulat	e for the 2018 s	how season.
Amateur	Select			
Check One: [ ] One Year Membership — Individua [ ] Three Year Membership — Individual or F	lual or Family \$95	Family includes	s children under	19
Make check payable to ESQHA in U  Mail to: Ashley Smith  441 Kingdom Road	J.S. Funds.			

Oswego, NY13126 315-591-7884