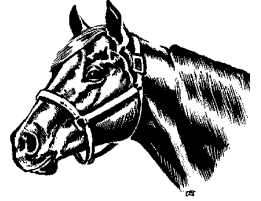
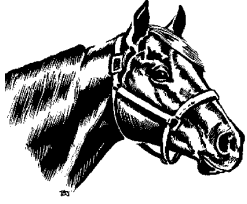


EAST COAST QUARTER HORSE ASSOCIATION

ECQHA Of Florida, Inc.



Application For Membership

Individual Membership: \$ 25.00 due annually \$ _____
Family Membership: \$ 35.00 due annually \$ _____
Life Membership: \$200.00 \$ _____
Total & Check # : \$ _____ # _____

Please Print Clearly:

Name: _____ Spouse's Name: _____

AQHA # _____ AQHA # _____

Youth Name: _____ Youth AQHA # _____

Youth Birth Date: _____

Youth Name: _____ Youth AQHA # _____

Youth Birth Date: _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

Email: _____

Signature: _____ Date: _____



Make Checks Payable To:

ECQHA of Florida, Inc.



mail to: Robin Schmidt, 557 N. Samsula Drive, New Smyrna Beach, FL 32168