

**Application for Membership**  
**Central Texas Quarter Horse Association**  
**P O Box 1345**  
**Corsicana, Texas 75151**

*Please refer to Association By-Laws and Rules regarding types of membership available.*

Date \_\_\_\_\_

Application is being made for the checked membership type:

Full Working Family Membership  \$25

Associate Non-Working Membership  \$100

Youth of Senior Membership  \$15

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Children: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

**The following questions are to better help the association understand its' members and their interest in horses.**

Do you own:

\_\_\_\_ A registered Quarter Horse

\_\_\_\_ A registered Paint Horse

\_\_\_\_ Another breed of Registered Horse

\_\_\_\_ An unregistered Horse

How many horses to you own? \_\_\_\_\_

Do you show horses? \_\_\_\_ Yes \_\_\_\_ No

Do you breed horses? \_\_\_\_ Yes \_\_\_\_ No

Do you board horses? \_\_\_\_ Yes \_\_\_\_ No

Please check events / classes you would like to participate in:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Halter                       | <input type="checkbox"/> Showmanship at Halter    | <input type="checkbox"/> Western Pleasure        |
| <input type="checkbox"/> English Flat Classes         | <input type="checkbox"/> Jumping                  | <input type="checkbox"/> Pleasure Driving        |
| <input type="checkbox"/> Reining                      | <input type="checkbox"/> Working Cow Horse        | <input type="checkbox"/> Western Riding          |
| <input type="checkbox"/> Trail Class                  | <input type="checkbox"/> Team Penning             | <input type="checkbox"/> Team Sorting            |
| <input type="checkbox"/> Barrel Racing                | <input type="checkbox"/> Pole Bending             | <input type="checkbox"/> Cutting                 |
| <input type="checkbox"/> Calf Roping                  | <input type="checkbox"/> Team Roping              | <input type="checkbox"/> Breakaway Roping        |
| <input type="checkbox"/> Hunt Seat Equitation         | <input type="checkbox"/> Equitation over fences   | <input type="checkbox"/> Versatility Ranch Horse |
| <input type="checkbox"/> Equestrian with Disabilities | <input type="checkbox"/> Horseback Riding Program | <input type="checkbox"/> Trail Riding            |
| <input type="checkbox"/> Other, list _____            |   |  |

Are you a part time or full trainer? (Someone who receives pay for starting or training horses for others)

Yes If so, for what use? \_\_\_\_\_  No

Do you get paid for giving riding lessons?  Yes  No

All dues received cover membership for January 1 to December 31 of each year.

I have received, read, and will abide by the By-Laws and Membership Rules that govern this Corporation known as Central Texas Quarter Horse Association.

Signature required: \_\_\_\_\_

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**CTQHA USE ONLY**

**Approved on** \_\_\_\_\_ **Rejected on** \_\_\_\_\_

**Secretary** \_\_\_\_\_