

2025/2026 MEMBERSHIP FORM Membership year is 1 August to 31 July

Full description of types of memberships and privileges are available at www.aqha.com.au

Please circle the type of membership you are applying for:

AQHA Membership Number

Type of Membership	Fee	Type of Membership	Fee
FULL INDIVIDUAL – Renew or lapsed member First time member	\$ 195 \$ 115	CONSTITUENT - Renew or lapsed member First time member	\$ 195 \$ 115
FULL DISCOUNT – Individual residing at same address of spouse/partner who is a Full Financial member	\$ 115	CONSTITUENT INTERNATIONAL – Renew or lapsed First time member	\$ 240 \$ 165
FULL INTERNATIONAL – Renew or lapsed member First time member	\$ 240 \$ 165	INDIVIDUAL LIFE includes International – 20 years	\$2505
YOUTH (3 – 18 years) – Renew or lapsed member First time Youth member	Free Free	ASSOCIATE MEMBERSHIP – No horse registration	\$ 100
YOUTH DISCOUNT – Youth who resides at same address of a Full Financial member	Free	AMATEUR/SELECT AMATEUR ANNUAL FEE (Download form)	\$ 30
YOUTH INTERNATIONAL – Renew or lapsed member First time Youth member	Free Free	PROFESSIONAL HORSEMAN ANNUAL FEE (Download form)	\$ 30

Novice Youth, Novice Amateur permits download the application form from the website and submit with this membership form.

Full Name: **Phone:**

Postal Address:

Email: **Fax:**

I agree that my contact details can be made available -

YES ☐

NO ☐

YOUTH Date of birth:/...../..... **Parent/Guardian Name:**

Are you a current American QHA member? **If yes:** AmQHA M/ship #: Expiry Date:

I am interested in becoming and American Quarter Horse Member

YES ☐

NO ☐

CONSTITUENT - Corporations, Partnerships & Societies. A Constituent Membership must have a Nominee, who is the only person with authority to sign all paperwork and vote on behalf of this membership.

NAME OF NOMINEE FOR CONSTITUENT:

DECLARATION: By signing this form, and if a Youth application states that I am the parent/guardian named above, and paying the required fee, I will abide, and if a Youth application I will ensure that the Youth will abide by the Constitution and the Rules & Regulations of the Australian Quarter Horse Association, as amended from time to time, and I understand and agree that the results of any genetic testing, generated in compliance with the Rules & Regulations of the Association, is and remains the property of the Association for its use in its absolute discretion. Furthermore I/we disclose that I have read and agree that the liability of the Australian Quarter Horse Association for any death, personal injury (as defined in the *Fair Trading Act 1999*) or damage to property that may be suffered by me (or a person from whom, or on whose behalf, I am acquiring the services) resulting from the supply of recreational services is excluded. I also acknowledge that I have read the Risk Warning & Waiver that is situated on the AQHA web site www.aqha.com.au If you do not have access to the web phone 02 6762 6444 and we will send you a copy. I agree to abide by the Regulations of the Federal and State Government regarding Covid-19 and any additional rules and recommendations that have been implemented by the AQHA.

Signature of individual Person applying for this membership, the Nominees signature for a Constituent Membership or the Parent/Guardian signature for a Youth Application

Signature: **Date:**

PAYMENT OPTIONS – Please make cheque payable to AQHA (Australian memberships only) and post to PO Box 979, Tamworth NSW 2340 or pay by Credit Card (International memberships MUST be paid by credit card) **ONLY MASTERCARD OR VISA ACCEPTED**

Name on Card: Card #:/...../...../.....

Expiry Date:/..... Amount: \$

I hereby authorise the AQHA to deduct this amount plus applicable surcharges from my credit card

Signature of card holder: Date: