_____	_____

Gulf Coast Quarter Horse Association

Membership Application

Date:_____
(month/day/year)

Please check type of membership below:

_____**Family Membership** $25.00 _____**Individual Membership** $15.00
Please fill out the Family Membership section.

First Name_____ Last Name_____

Mailing Address_____

City_____ State_____ Zip Code_____

Home Phone #_____ Cell #_____

Date of Birth_____

Email address_____

Please send show information by: Email_____ or Regular Mail_____

Emergency Contact: Name_____ Phone #_____
Used ONLY if an exhibitor is alone at a show and is in need of medical attention.

Family Membership Section Husband, Wife and any child (18 or under) who meets the age requirements for AQHA Youth Activities		
First Name	**Last Name**	**Date of Birth**