



Alabama Quarter Horse Racing Association

Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Telephone:

Day (____) _____

Evening (____) _____

Cell (____) _____

Email Address _____

Name on Membership Card:

_____ Email Address: _____

Those submitting a membership application form and paying the \$25 fee, agree to abide by the ByLaws of AQHRA and consent to the receipt of email messages from AQHRA at the provided email address. Copy of ByLaws can be sent via email upon request.

Please complete this form and mail it with your check or money order to AQHRA in the amount of **\$25.00 for the yearly membership** to:

AQHRA 595 Camille Ln Tuscaloosa, AL 35405

Office Use: Postmark _____ Check # _____ Cash _____

For more information contact ALQHRA President Mike Stanley at 205-454-6326.