

KENTUCKY
QUARTER
HORSE
ASSOCIATION

PO Box 23917
Lexington, KY 40523-3917

Annual Membership Meeting
AND
2016 YEAR-END
Awards Banquet



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AND
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SATURDAY, JANUARY 14, 2017

Embassy Suites Lexington • 801 Newtown Pike • Lexington, Kentucky 40511
844.260.2638
.....

11:00 AM	Kentucky Quarter Horse Youth Association General Membership Meeting
1:00 PM	Kentucky Quarter Horse Racing Association General Membership Meeting
3:00 PM	Kentucky Quarter Horse Association General Membership Meeting
5:30 PM	Cocktail Reception
6:00 PM	Banquet Dinner Served
7:00 – 9:00 PM	Year-End Awards
9:00 PM – close	Entertainment provided by Ghost Town Salooners, St. Charles, Missouri

www.kyqha.com



Please return the registration section of this card with enclosed payment by January 1 to KyQHA, PO Box 23917, Lexington, KY 40523-3917 and contact the Embassy Suites Lexington at 859-455-5000 to make hotel reservations, reference KyQHA room rate.

Please contact KyQHA headquarters at 1-888-367-5742 or info@kyqha.com for more information. We look forward to seeing you at the convention!

KYQHA
2017 Annual Convention
REGISTRATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

ADULT BANQUET _____ AT \$40

YOUTH BANQUET _____ AT \$40

CHILD BANQUET _____ AT \$10 (children under the age of 10)

TOTAL ENCLOSED: _____ (check or money order only)

CREDIT CARD INFORMATION:

CARD TYPE: _____ CARD NUMBER: _____

EXP. DATE: _____ CARDHOLDER SIGNATURE: _____

This is notice of the Annual Membership Meeting.

Pre-registration and payment is required for those planning to attend the Awards Banquet. Tickets will be provided at registration.

Note: You must have a paid 2017 KyQHA/KyQHHA membership in order to vote on action items at the General Membership Meeting. You may renew your membership at registration if it is expired.

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2017 MEMBERSHIP FORM

New Membership Renewing Membership

***(In order to be eligible for KyQHA Breeders' Incentive Fund payouts for events held in 2017 you must be a 2017 KyQHA member NO LATER THAN July 1, 2017)**

KyQHA Membership (Also required for all Youth Memberships)

Name _____ AQHA # _____

List Immediate Family Members Covered Under Family Membership

Farm/Ranch Name _____

Address _____

City _____ County _____

State _____ Zip _____

Home Phone _____ Cell Phone _____

Fax _____ E-mail _____

Youth Membership (Youth who have not reached 19th birthday as of Jan. 1, 2016 are eligible - KyQHA Membership Required)

Youth Name _____

Date of Birth (required) _____ Youth Cell _____

Parent/Guardian (if different than above) _____

Address _____ City _____

County _____ State _____ Zip _____

Youth Email _____

Youth Name _____

Date of Birth (required) _____ Youth Cell _____

Parent/Guardian (if different than above) _____

Address _____ City _____

County _____ State _____ Zip _____

Youth Email _____

Note to Amateurs - As long as you qualify as an Amateur according to the AQHA Official Handbook of Rules and Regulations (see rule 101(g)(4)), you will be considered an Amateur by KyQHA.

Distribution of Contact Information: KyQHA sends its membership regular electronic communications to keep them informed about association developments and equine industry news and events. **KyQHA does not provide** your email to third parties asking to distribute non-association communications. If you **do not wish** your contact information to be listed in a printed publication, please check below:

DO NOT print my contact information in KyQHA publications.

NOTE: ONLY ONE VOTE PER PAID MEMBERSHIP IN KYQHA

KyQHA Membership Dues \$25 per year

Please indicate by placing an asterisk (*) next to the name above of all declared Amateurs.

Youth Association Membership Dues \$10 per Youth per year
(must also have KyQHA membership)

Interest Categories
Check all that apply:

- KyQHA Breeders' Incentive Fund *
- Showing
- Sprint Racing
- Recreation/Trail Riding

Payment Methods

1. Make Check # _____

Payable & Mail to: KyQHA
PO Box 23917
Lexington, KY 40523-3917

2. Pay by Credit Card

Circle Type: Visa MC DISC

Cardholder Name: _____

Card #: _____

Exp Date: _____

3 Digit Code: _____

Cardholder Signature: _____