



Quarter Horse Racing Association of Indiana
Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Telephone:

Day (_____) - _____ - _____

Evening (_____) - _____ - _____

Cell (_____) - _____ - _____

Email Address _____

Those submitting a membership application form and paying the appropriate fees, agree to abide by the By-Laws of QHRAI and consent to the receipt of email messages from QHRAI at the provided email address.

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

QHRAI
P O Box 399
Shelbyville, IN 46176

Office Use: Postmark _____ Check No. _____ Cash _____