



# Quarter Horse Racing Association of Indiana

## Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone:

Day (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Evening (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

***Pay for up to 4 Yearly Memberships at one time \$25 each:***

***Name on Membership Card:***

#1 \_\_\_\_\_ Email Address: \_\_\_\_\_

#2 \_\_\_\_\_ Email Address: \_\_\_\_\_

#3 \_\_\_\_\_ Email Address: \_\_\_\_\_

#4 \_\_\_\_\_ 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 for each membership** to:

**QHRAI      P O Box 399      Shelbyville, IN 46176**

Office Use: Postmark \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_