

Nebraska Affiliate Foundation Quarter Horse Registry

Membership Application

Please Print Clearly

Name: _____

Spouse: _____

Address: _____ City _____

State _____ ZIP _____

Home Phone: _____ Cell Phone: _____ Carrier _____

Email Address: _____

Type of Membership (please check one): Youth \$20 _____ Individual \$25 _____ Family \$40 _____

Youth Names & Date of Birth for Family Members age 18 and under:

Youth Name _____ Date of Birth: _____

Youth Name _____ Date of Birth: _____

Youth Name _____ Date of Birth: _____

Youth Name _____ Date of Birth: _____

Membership cards should be copied and sent with all show entries.

PLEASE MAKE CHECKS PAYABLE TO **NEAFQHR** AND MAIL TO:

c/o Mary Kahn

18402 245th St

Rock Port, MO 64482

If you have any questions, contact Mary Kahn

660-528-1322 or email: jenghis@aol.com