



# AQHA TEMPORARY MEMBERSHIP CARD

NAME: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

(If known) AQHA ID# \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(VALID FOR 90 DAYS)

## FOR MEMBER'S RECORDS

Type:  OPEN  AMATEUR  YOUTH

AMERICAN  
QUARTER  
HORSE  
ASSOCIATION

**THIS TEMPORARY CARD IS YOUR RECEIPT  
AND VERIFICATION OF SHOWING STATUS.**

VERIFIED BY: \_\_\_\_\_  
(SHOW SECRETARY -or- AQHA OFFICIAL)

(If applicable) SHOW # \_\_\_\_\_

TOTAL BILLED  
TO MEMBER \$ \_\_\_\_\_