

2026 IOWA QUARTER HORSE ASSOCIATION MEMBERSHIP FORM

January 1-December 31, 2026

INDIVIDUAL/FAMILY/BUSINESS MEMBERSHIP

(if participating in Open, Amateur &/or Youth Divisions for IQHA Year End Awards as an owner or exhibitor, an AQHA# & expiration is required)
(All Open, Amateur &/or Youth division exhibitors & owner(s) must have a paid IQHA membership for the horse to earn points in those classes)

X \$40=

Name: _____ AQHA# _____ Exp. _____
(Exactly as appears on AQHA card if participating in IQHA Open Division Year End Awards)

Membership &
Open division points

Spouse Name: _____ AQHA# _____ Exp. _____
(Exactly as appears on AQHA card if participating in IQHA Open Division Year End Awards)

Address: _____ City/St. _____ Zip _____

Ph#: _____ Email: _____

County: _____ District: _____ Children (18 & Under) _____
(if living in Iowa) (if living in Iowa) (under family membership, does NOT include an IQHYA membership, see below)

All children 19 & over must have their own membership

If you would like to participate in the IQHA Amateur Year End Awards Program, please fill out ALL information below & submit appropriate fees (AQHA numbers are required)

AMATEUR SPONSORSHIP-All amateur/novice amateur exhibitors must have a family/individual IQHA membership & pay an IQHA amateur activities sponsorship fee of \$15/amateur for amateur/novice amateur points to count &/or to participate in the Non-Pro Division of the IQHA Futurity, see additional IQHA point rules at www.iowaquarterhorse.com.

Amateur: _____ AQHA# _____ Exp. _____
(Exactly as appears on AQHA card)

X \$15=
Amateur division points

2nd Amateur: _____ AQHA# _____ Exp. _____
(Exactly as appears on AQHA card)

X \$15=
Amateur division points

HORSEBACK RIDING PROGRAM Mark what type Youth ☐ Adult ☐

X \$15=
Horseback Riding

Participant Name(s) _____

Please Print

I enroll in this program at my own risk and subject to the rules of the Horseback Riding Program. I agree that I will be doing this riding/driving on my own time and logging the hours and locations at which I have ridden/driven. In case of loss of injury involving either horse or rider/driver while I am riding/driving, I will make no claim whatsoever against this program, any individual connected with it, or Iowa Quarter Horse Association. Form available at iowaquarterhorse.com

Signature of Participant _____ Date _____

Signature of Participant _____ Date _____

IQHYA YOUTH MEMBERSHIP- All youth must also have a \$40 IQHA family membership (follows AQHA Family Guidelines)-PLEASE COMPLETE ABOVE

Youth Name: _____ AQHYA# _____ Exp. _____
(Exactly as appears on AQHA card)

X \$10=

Age as Jan 1 _____ DOB _____ Name of Parent(s) _____

Youth IQHYA
Membership

Address: _____ City _____ State _____ Zip _____

Email _____ Ph# _____

Name on Family Membership (list relationship if not parent) _____

IQHYA SPONSORSHIP-

****All youth must pay an IQHYA sponsorship fee of \$50/youth to be eligible for IQHYA Year End Awards &/or to be eligible for Youth World & Congress NYATT Teams****

X \$50=

Youth Sponsorship for Awards

Would you like an IQHA membership card mailed to you?

☐ YES

☐ NO

Check payable to IQHA • Mail to
IQHA, Jennifer Horton, Secretary
21955 H Ave., Grundy Center, IA 50638

TOTAL DUE

\$

OFFICE USE ONLY

REC'D BY _____ DATE _____ PAYMENT METHOD: CASH CHECK # _____ MEMB # _____

11/24/25