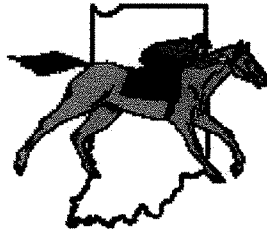


# QUARTER HORSE RACING ASSOCIATION OF INDIANA



## Membership Application

Membership Year: \_\_\_\_\_ (January 1 – December 31)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Day \_\_\_\_\_

Evening \_\_\_\_\_

Cell phone \_\_\_\_\_

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 307  
LEBANON, IN 46052

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