



2012 Land of Lincoln Quarter Horse Association Membership Application

MAKE CHECK PAYABLE TO L.L.Q.H.A.

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ COUNTY: _____

TELEPHONE NO. _____

YOUTH NAMES/BIRTH DATE (18 & UNDER ONLY) _____

_____ \$30.00 Family Membership

_____ \$25.00 Single Membership

Mail To:

L.L.Q.H.A.

% Luann Meyer

17132 Winding Creek Dr.

Orland Park IL 60467-6004

708-479-9369



HORSE NOMINATION FORM

Owner: _____

Address: _____

City/State/Zip: _____ Phone: _____

Horse(s) Name: _____ AQHA# _____ Exhibitor(s): _____
Horse Blanket Size _____ Jacket Size: _____

Horse(s) Name: _____ AQHA# _____ Exhibitor(s): _____
Horse Blanket Size _____ Jacket Size: _____

Horse(s) Name: _____ AQHA# _____ Exhibitor(s): _____
Horse Blanket Size _____ Jacket Size: _____

PLEASE RETURN THIS FORM TO: Luann Meyer, 17132 Winding Creek Dr., Orland Park IL 60467-6004