

Friends of the MUSEUM

American Quarter Horse Hall of Fame & Museum

12-Month Membership Application

(Please print)

Membership: Individual
 Non-individual
 Company

In order to contact you for special events hosted by the Hall of Fame, please complete this form in full.

First Name:

Last Name:

Middle Name/Initial:

Non-Individual/Company Name:

Address:

City:

State/Province:

Country:

Zip/Postal Code:

E-mail Address:

Home/Cell Phone:

Work Phone:

Date of Birth: / / Preferred form of contact: cell office home

Level of Giving

*A portion of your donation is tax deductible and you will receive a tax receipt with the amount of your donation and value of goods received.

- _____ Benefactor Level - \$250
- _____ Bronze Level - \$1,500 (Kenneth Banks Theater)
- _____ Silver Level - \$2,500 (Scharbauer Gallery & Trotter Classroom/Margaret Haines Reading Room)
- _____ Gold Level - \$5,000 (Grand Hall/full use of facility/Margaret Haines Reading Room)

My check is enclosed made payable to the **American Quarter Horse Foundation (AQHF)**/please charge my credit card :

- Visa Master Card American Express

Name on card:

Credit Card Number:

Credit Card Expiration Date (MM/YY): /

Billing Address:

Billing City:

Billing State/Province:

Country:

Zip/Postal Code:

Signature: _____

For Office use only:

Date Received: _____ / _____ / _____ AQHA Membership: