

Foundation Horse Registry

Foundations of Performance Points Program Application

NAME: _____ FHR MEMBER # _____

STREET: _____

CITY: _____ STATE/ PROVINCE: _____

ZIP CODE: _____ COUNTRY: _____

TELEPHONE: _____ E MAIL: _____

Not a member? Join Now!!

MEMBERSHIP:

INDIVIDUAL (1 YEAR)	\$25	LIFETIME:	\$250
FAMILY OR RANCH (1 YEAR)	\$35	LIFETIME	\$250
OUT OF U.S.	\$10	LIFETIME	\$10

MEMBERSHIP TOTAL \$ _____

FOUNDATIONS OF PERFORMANCE POINTS PROGRAM

\$25 x _____ HORSE(S) = _____

HORSE NAME	FHR #	MEMBER NAME	MEMBER #

FEES DUE:

FOUNDATIONS OF PERFORMANCE APPLICATION FEE: \$ _____

MEMBERSHIP FEES: \$ _____

TOTAL AMOUNT DUE: \$ _____

PLEASE RETURN WITH PAYMENT (CHECK, CASH , MONEY ORDER (USD))TO:
 FOUNDATION HORSE REGISTRY
 P.O.BOX 2111
 Carlsbad, NM, 88221

How did you hear about us?

Magazine _____ From AQHA _____ Web Site _____ Friend _____ Other _____