

**2025 SOUTHERN OHIO QUARTER PONY ASSOCIATION MEMBERSHIP FORM**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Membership Type :**

**Individual** \_\_\_\_ \$10.00    **Family** \_\_\_\_ \$25.00

**Please return form to:** SOQPA c/o Sam Eismon  
9909 Township 210 NE  
New Lexington, OH 43764

<b>Member Names (if family membership) and year of birth for those 18 and under:</b>