



Application Cover Sheet
Must be included with all applications

Date: _____

Checklist

- Membership applications completed and signed
- Authorized witness or Notary Public signature
- Adult Waivers signed and witnessed
- Minor Waivers signed and witnessed
- QMA embossed stamp
- Birth certification if applicable
- Photos if applicable

Club Name: _____

Contact Name & phone number _____

Email Address: _____

of applications in this packet : _____

Regular Member Applications _____ x \$100.00 = _____

Alternate Member Applications _____ x \$50.00 = _____

Total : _____

Make Check Payable to: QMA

Please mail to:

QMA National Secretary

P.O. Box1070

Riverton, IL 62561-1070