



## Louisiana Quarter Horse Breeders Association

January 22, 2026

Dear LQHBA Member,

The Annual Awards Banquet and General Membership Meeting of the association is scheduled for **Saturday, April 18, 2026**, at 5:00 P.M., in the Event Center at Evangeline Downs Racetrack & Casino, 2235 Creswell Lane Ext, Opelousas, LA, 70570. At this meeting the membership will elect four (4) members to serve on the LQHBA Board of Directors. One member will be elected from each of the following districts: Central District, South Central District, Southeast District, and Southwest District with a 3-year term.

As a member of the LQHBA you may nominate candidates for these seats. **All nominations must be submitted to the LQHBA office by TRACKABLE / CERTIFIED MAIL and must be postmarked on or before FRIDAY, FEBRUARY 06, 2026.** A nomination form is enclosed with this letter. The person nominated must meet the qualifications set forth in the by-laws of the association, which is on the backside of the nomination form. **The person you nominate must also accept the nomination in writing and the LQHBA office must receive it by TRACKABLE / CERTIFIED DELIVERY WITHIN 10 DAYS FROM THE NOTIFICATION.**

The term for each district will be 3 years. The following people on the 2026 LQHBA Board of Directors are seeking re-election:

Northern District.....	None
Central District.....	Karen Falgoust
South Central District.....	Jerome Bellard
Southeast District.....	OPEN
Southwest District.....	Bobbi Randle

This is the only procedure for nominating candidates for the upcoming election. The membership will be notified of the candidates for each district online at [www.lqhba.com](http://www.lqhba.com). The LQHBA will have in person voting at the 2026 LQHBA Annual Awards Banquet and General Membership Meeting. **VALID PHOTO ID (VALID DRIVER'S LICENSES) WILL BE REQUIRED TO VOTE. (NO EXCEPTIONS)**

A separate announcement for Champions and Hall of Fame Awards will be posted at a later date.

Sincerely,

Bruce T. Salard  
Executive Director

**VOTE: NO MAIL IN BALLOTS!! MUST VOTE IN PERSON AT THE 2026 ANNUAL AWARDS BANQUET AND GENERAL MEMBERSHIP MEETING, ON SATURDAY, APRIL 18, 2026. VOTING WILL START AT 2:00 P.M. and CLOSE AT 6:00 P.M.**



# Louisiana Quarter Horse Breeders Association

105 Carlyon Lane, Alexandria, LA 71303

Telephone: 318-487-9506



## *Nomination for election to the 2026 LQHBA Board of Directors*

District

Candidate

Central District (3 Yr. Term)

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South Central District (3 Yr. Term)

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Southeast District (3 Yr. Term)

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Southwest District (3 Yr. Term)

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Printed Name of LQHBA Member

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Signature of LQHBA Member

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Date

Please see the back of this page for a list of districts and qualifications.

**Candidates for election to the LQHBA Board of LQHBA Districts (revised 12/19/2000)**

**Northern District:** Caddo, Bossier, Webster, Desoto, Red River, Sabine, Natchitoches, Bienville, Claiborne, Lincoln, Jackson, Winn, Grant, Union, Ouachita, Caldwell, LaSalle, Morehouse, Richland, Franklin, Catahoula, Madison, Tensas, Concordia, West Carroll, East Carroll.

**Central District:** Vernon, Rapides, Avoyelles, Evangeline, St. Landry

**South Central District:** Vermillion, Lafayette, St. Martin, Iberia, St. Mary

**Southeast District:** Pointe Coupee, West Feliciana, East Feliciana, St. Helena, Tangipahoa, Washington, St. Tammany, Livingston, East Baton Rouge, West Baton Rouge, Iberville, Ascension, St. James, Assumption, St. John the Baptist, St. Charles, Lafourche, Terrebonne, Plaquemine, St. Bernard, Orleans, Jefferson

**Southwest District:** Beauregard, Allen, Calcasieu, Cameron, Jefferson Davis, Acadia

**Directors *MUST* meet the following qualifications and send in proof of each requirement:**

- 1)** The nominee must have been a natural, regular or lifetime member of the Association for at least two (2) years immediately prior to the date upon which the election or appointment to the Board of Directors is conducted.
- 2)** The nominee must be a breeder of Louisiana bred quarter horses for two (2) years preceding the election.
- 3)** The nominee shall, at the time of their nomination and, if elected, throughout the term in office, remain in good standing, remain qualified to serve and shall be domiciled in the state of Louisiana and in the district from which the nominee is domiciled.
- 4)** Domicile, for the purpose of election, from a district means the maintenance of a principal domestic residence within the district from which elected. Domicile within a district shall mean the nominee's habitual residence is within the district and two or more of the following facts exists:
  - a. the nominee, if he owns his residence within the district, claims homestead exemption for residence.
  - b. the nominee is a registered voter within the district.
  - c. the nominee's address as shown on his Louisiana driver's license is within the district.
  - d. the nominee lists his residence within the district as his residence on federal or state income tax returns.
  - e. the registration for any vehicle owned by the nominee reflects residence in the district.
- 5)** The nominee must agree that as a condition to their service as a director of the Association, they shall sign a certificate agreeing to abide by and be bound by these By-Laws to include specifically the Director's Code of Conduct as provided in Section 4.7.

# Louisiana Quarter Horse Breeders Association

105 CARLYON LANE

Alexandria, Louisiana 71303

Telephone: 318-487-9506 Fax: 318-487-6033

www.lqhba.com

Faster Horses! More Money! Greater Racing Opportunities!

*The official registry of Louisiana Bred Racing Quarter Horses*

## 2026 Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security or Tax ID #: \_\_\_\_\_

\*If this is a partnership we need ALL partners' social security numbers: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Please check box to OPT OUT of including your contact information in a membership directory.

### ☐ Annual Membership Dues: \$50.00 per individual

(Each member of the partnership owes a yearly membership amount)

Calendar year for membership: January 1 – December 31

\*Beginning March 20, 2001, membership for one full calendar year is required to be eligible to vote on any matter that comes before the membership.

### ☐ LIFETIME MEMBERSHIP \$500

(All members are eligible for lifetime membership)

\*ALL credit card payments will incur an additional 3% fee.



**\*PLEASE SEE REVERSE SIDE FOR W9 FORM\***

#### For Office Use:

\_\_\_\_\_ MBR Number Name on Check: \_\_\_\_\_ Check #: \_\_\_\_\_

\_\_\_\_\_ Regular Amount \$: \_\_\_\_\_ PMD: \_\_\_\_\_

\_\_\_\_\_ Associate Check Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Zip Code: \_\_\_\_\_ Transaction ID#: \_\_\_\_\_



**Request for Taxpayer  
Identification Number and Certification**  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type.

<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
<b>2</b> Business name/disregarded entity name. If different from above.	
<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional) Louisiana Quarter Horse Breeders Association 105 Carlyon Lane Alexandria, LA 71303
<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number								
				-				

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Employer identification number								
				-				

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign  
Here**

Signature of  
U.S. person

Date

**\*PLEASE SEE REVERSE SIDE FOR 2026 LQHBA MEMBERSHIP FORM\***