



NRHA

NATIONAL REINING HORSE ASSOCIATION
The Governing Body of the Sport of Reining

FOR OFFICE USE ONLY

GENERAL MEMBERSHIP APPLICATION

Membership does not include the *Reiner* magazine.

EXPIRES DECEMBER 31.

NOTE: If you plan to show in Non Pro or Rookie classes, you must complete and sign the Non Pro Membership Application and the Non Pro Code of Conduct and Ethics. An application is available at www.nrha.com or by calling the NRHA Office.

- New Member
 Renewal – ID# _____
 Address Change
 Do not submit my name to sponsors

PLEASE PRINT OR TYPE CLEARLY

NRHA ID # _____ Date of Birth _____
 Last Name (Surname) _____ First Name _____ MI _____
 Street Address _____
 City, State, Country _____ Zip+4 _____
 Country of Citizenship _____ Day Telephone _____
 Evening Telephone _____ Fax Number _____
 Email address _____

- Non Pro – If you plan to show in Non Pro or Rookie classes, ***do not complete this form.*** You must complete and sign the Non Pro membership application and the Non Pro Code of Conduct and Ethics.
 \$60.00 **General** membership dues (Domestic, Canadian, and International)
 \$30.00 **Youth** membership dues (Birthdate required)
 \$600.00 **Life** membership dues (Individual only) **CHECK or MONEY ORDER ONLY**
 Enclosed is a contribution to the Reining Horse Sports Foundation in the amount of \$ _____

REINER MAGAZINE

Expires December 31.

Available to Current Members Only (IN ADDITION TO MEMBERSHIP DUES)

- \$25.00 Domestic *Reiner* by US 3rd Class Mail – **this amount is *in addition* to membership dues.**
 \$55.00 Domestic *Reiner* by US 1st Class mail – **this amount is *in addition* to membership dues**
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Make checks payable to: National Reining Horse Association. **Payable only in US Funds or by Visa or MasterCard.** Contributions or gifts to the NRHA are not deductible as charitable contributions for federal income tax purposes. However, membership dues may be deductible by members as an ordinary and necessary business expense.

Please include check or money order (in US funds) or credit card.

PAYMENT: Check or money order (in US funds)
 Visa Master Card Cardholder Name (please print) _____

Card #: - - -

Expiration Date: _____ Phone #: _____ Cardholder Signature: _____

Mail To: NRHA
 3000 NW 10th St.
 Oklahoma City, OK 73107

Phone: 405-946-7400
 Fax: 405-946-8410
 Website: www.nrha.com

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