



NATIONAL REINING HORSE ASSOCIATION
"International Governing Body of the Sport of Reining"

2010 YOUTH MEMBERSHIP APPLICATION

EXPIRES DECEMBER 31st!

FOR OFFICE USE ONLY

- New Member**
- Renewal ID#** _____
(if you have ever been an NRHA member)
- Address Change
- I am no longer a Non Pro as of _____
- Please mail current *NRHA Handbook* with my member card
- Please do not submit my name to Corporate Partners
- YES, I want to invest in the future of Reining!**
Enclosed is \$ _____ for the Reining Horse Sports Foundation.

PLEASE NOTE: If you plan to ride in **Non Pro** or **Rookie** classes and did not have Non Pro status the previous calendar year, you **must** complete and sign the **Non Pro Declaration** and submit it with the filing fee. (Form can be found at nrha.com)

2010 General or General Non Pro members complete General membership application. (Form can be found at nrha.com)

2010 Associate or Associate Non Pro members complete Associate membership application. (Form can be found at nrha.com)



MEMBERSHIP (please choose one)

- \$35 **Youth** membership dues
- \$35 **Youth Non Pro Renewal** membership dues
- \$2,000 **Life or Life Non Pro** membership dues (Individual only) **CHECK or MONEY ORDER ONLY**

Contributions or gifts to 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.

Payable only in U.S. Funds or by Visa, MasterCard, Discover or American Express.

NRHA REINER MAGAZINE for members (please choose one)

YOUTH MEMBERSHIP INCLUDES THE ELECTRONIC REINER MAGAZINE – Email address required

- \$25 **U.S. 3rd Class Postage**
- \$55 **U.S. 1st Class Postage**
- \$50 **Canada Postage**
- \$85 **International Postage**

Make checks payable to:

NATIONAL REINING HORSE ASSOCIATION
3000 NW 10TH STREET
OKLAHOMA CITY, OK 73107-5302
405-946-7400
405-946-8425 FAX
nrha.com

PLEASE PRINT OR TYPE CLEARLY

Date of Birth (required for youth members) _____

Last Name (Surname) _____ First Name _____ MI _____

Street Address _____

City, State, Country _____ Postal Code _____

Country of Citizenship _____ Day Phone _____

Evening Telephone _____ Fax Number _____

Email address _____

PAYMENT: Check or money order (in US funds) Visa Master Card Discover American Express

Card #: - - -

3 or 4 digit CSV #: Expiration Date: / Cardholder's Phone : _____

Cardholder Name (please print) _____ Cardholder Signature: _____

FOR OFFICE USE ONLY

Date Rec'd: _____ Amt Pd: _____ Ck#: _____

Date Ent'd: _____ Ship Date: _____

Revised 9-3-09