2012 YOUTH MEMBERSHIP APPLICATION

EXPIRES DECEMBER 31st!

FOR OFFICE USE ONLY

❑ **New Member****
❑ **Renewal ID#**_____
(If you have ever been an NRHA member)
❑ 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 ❑$25 ❑$50 ❑$100 ❑Other_____for the Reining Horse Sports Foundation.

MEMBERSHIP** (please choose one)
❑ $35 **Youth** membership dues
❑ $15 **Upgrade** Current Associate Membership
❑ $2,000 **Life** membership dues (Individual only)
CHECK or MONEY ORDER ONLY

***NRHA REINER* MAGAZINE for members** (please choose one)

YOUTH MEMBERSHIP INCLUDES THE DIGITAL *REINER* MAGAZINE – *available at nrha.com*

For *Reiner* magazine in **Print**

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

****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)**

RUSH SERVICES: NRHA membership cards will be mailed within two weeks of the date received by the office. NRHA offers Rush services which includes an official confirmation being emailed or faxed to be used until the original membership card is received by mail.

To request a RUSH, please check **one** box below and provide email or fax number where confirmation should be sent:

❑3 Day Rush - $30
Send to: _____

❑Same Day Rush - $50
Send to: _____

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

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) _____
Last Name (Surname) _____ First Name _____ MI _____
Street Address _____
City, State, Country _____ Postal Code _____
Country of Citizenship _____ Day Phone _____
Evening Telephone _____ Fax Number _____
Email address _____ Parent/Guardian Name _____

PAYMENT: ❑ Check or money order (in U.S. funds) ❑ Visa ❑ MasterCard ❑ 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:_____

Printed in the USA

Revised 9/7/2011