



**2017 ASSOCIATE
MEMBERSHIP APPLICATION**
EXPIRES DECEMBER 31ST!

FOR OFFICE USE ONLY

****PLEASE NOTE:** Associate members may enter the NRHA Category 10 classes only and do not have NRHA voting privileges. If you plan to ride or own horses ridden in Category 1 – 9 classes, you must complete the General or Youth Membership Application.

- New Member**
- Renewal ID# _____
(if you have ever been an NRHA member)
- I am Head of Household
- 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**

- \$25 Associate membership dues

NRHA REINER MAGAZINE for members (please choose one)

- Free Digital Reiner available at nrha.com
- For Reiner magazine in Print
- \$25 U.S. 3rd Class Postage (one per address)
- \$55 U.S. 1st Class Postage
- \$50 Canada Postage
- \$85 International Postage

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

Make checks payable to:

NATIONAL REINING HORSE ASSOCIATION
3021 W. Reno
OKLAHOMA CITY, OK 73107-5302
405-946-7400
405-946-8425 FAX
memberships@nrha.com
nrha.com

RUSH SERVICES: NRHA membership cards will mailed within two weeks of the date received by the office. NRHA offers Rush services which include 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: _____

PLEASE PRINT OR TYPE CLEARLY

Date of Birth (Required for Prime Time Riders) _____

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

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: _____

Date Rec'd: _____ **FOR OFFICE USE ONLY**
Printed in the USA