

NATIONAL REINING HORSE ASSOCIATION

2012 AFFILIATE APPLICATION

Year _____ \$100 per year _____ New _____ Renewal _____

Affiliate Name _____

Address _____ City _____ State _____ Zip _____

Website Address _____

Designate the address that will be considered the home of this affiliate. This is not required to be the President's location or the Secretary's location, which may change from time to time, but should be a decision of the affiliate and will be considered the home location as long as this affiliate is in existence. **Please know direct billing address is a required field.**

Per bylaw, Article IX, Section 3, "An affiliate in good standing has the right to recommend to the Board of Directors, one representative whose **name will be published in the NRHA Reiner magazine.**" Please indicate your one affiliate contact below. This person will also be responsible for disseminating all information forwarded by the NRHA to all affiliate members.

Affiliate Contact
(Please Check **Only One**)

President

_____ NRHA# _____

Telephone _____

E-mail _____

Vice President

_____ NRHA# _____

Telephone _____

E-mail _____

Treasurer

_____ NRHA# _____

Telephone _____

E-mail _____

Secretary

_____ NRHA# _____

Telephone _____

E-mail _____

Youth Contact

_____ NRHA# _____

Telephone _____

E-mail _____

Direct Billing Contact

_____ NRHA# _____

Telephone _____

E-mail _____

Standings Contact

_____ NRHA# _____

Telephone _____

E-mail _____

Return to: NRHA (Attention: Affiliate Department), 3000 NW 10th St, Oklahoma City, OK 73107