



# NRHA

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

FOR OFFICE USE ONLY

## MEMBERSHIP APPLICATION

Membership does not include the *Reiner* magazine.

FOR YEAR (circle one): 2006 2007 EXPIRES DECEMBER 31<sup>st</sup>!

**NOTE: If you plan to show 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.**

- New Member     Renewal (if you have ever been an NRHA member)– ID# \_\_\_\_\_  
 Address Change     I am no longer a Non Pro as of \_\_\_\_\_     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 and did not have a Non Pro membership the previous calendar year, you must complete a Non Pro Declaration and submit it with the filing fee.

**Reiner magazine** – To subscribe to the *Reiner* magazine visit [www.nrha.com](http://www.nrha.com).

- \$60.00 **General or Non Pro** membership dues (Canadian residents use Canadian Membership Application)  
 \$30.00 **Youth or Youth Non Pro** membership dues (Birthdate required)  
 \$600.00 **Life or Life Non Pro** membership dues (Individual only) **CHECK or MONEY ORDER ONLY**  
 Yes, I want to invest in the future of Reining! Enclosed is \$\_\_\_\_\_ for the Reining Horse Sports Foundation.

**Make checks payable to:** National Reining Horse Association.

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

If paying by credit card: Cardholder Name (please print) \_\_\_\_\_

Card #:     -     -     -

Expiration Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Mail To: NRHA  
3000 NW 10<sup>th</sup> St.  
Oklahoma City, OK 73107

Phone: 405-946-7400  
Fax: 405-946-8425  
Website: [www.nrha.com](http://www.nrha.com)

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Date Rec'd: _____	Amt. Pd: _____	Ck #: _____
Date Ent'd: _____	Ship Date _____	