



2022 OREGON REINING HORSE ASSOCIATION MEMBERSHIP & NOMINATION APPLICATION

EXPIRES DECEMBER 31ST!

PLEASE PRINT OR TYPE CLEARLY

NRHA # _____ Date of Birth (Required for Prime Time & Youth 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 _____

MEMBERSHIP* (please choose one) ***To be eligible for ORHA year end awards, the owner and rider must be ORHA Members**

\$40 **Single** membership dues

\$55 **Family** membership dues (list all family members & NRHA membership #s)

Name: _____ NRHA # _____ Date of Birth (PT & Yth Riders) _____

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\$15 **Youth** (18&U as of Jan 1st) membership dues

HORSE NOMINATIONS & VOLUNTEER HOUR OPT OUT**

****To be eligible for ORHA year end awards: (a)The horse must be nominated with the ORHA (b)The owner or rider of each horse must complete 3 ORHA volunteer hours by 8/31/2022. If you so choose, you can pay an additional \$50 per horse to opt out of the 3 volunteer hours.**

\$50 **Nomination** Horse #1 (Registered Name): _____ \$50 **Volunteer Hour Opt Out** (horse #1)

\$50 **Nomination** Horse #2 (Registered Name): _____ \$50 **Volunteer Hour Opt Out** (horse #2)

\$50 **Nomination** Horse #3 (Registered Name): _____ \$50 **Volunteer Hour Opt Out** (horse #3)

PAYMENT DUE

Membership Dues _____

Horse Nominations _____

Volunteer Hour Opt Out _____

Sponsorship _____

TOTAL DUE _____

Payable only in US Funds by check or by Visa, MasterCard, Discover or American Express. A 4% fee will be assessed to all credit card charges.

Make checks payable to ORHA & mail to:
OREGON REINING HORSE ASSOCIATION
PO BOX 178
EAGLE POINT, OR 97524
541-840-1579
541-826-2698 FAX
reiningrosie@gmail.com
www.oregonreining.com

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: _____ Billing Zip: _____

Date Rec'd: _____

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