

RHANW APPLICATION FOR MEMBERSHIP
www.rhanw.com

RENEWAL _____ PAID: ___ CASH ___ CK# _____ DATE: _____
NEW MEMBER _____
NON-PRO _____

Are you a current NRHA member? Yes ___ No ___ NRHA# _____
Social Security #: _____ **NOTE: WE NEED SS# FOR ANYONE WHO WINS MONEY**

CHECK APPROPRIATE LINE
_____ \$30.00 Regular Membership _____ \$10.00 Spouse Membership
_____ \$ 5.00 Junior Membership (under 18) _____ \$45.00 Family Membership
_____ Lifetime Membership. A one-time payment of \$200.00 will constitute a lifetime membership.

PRINT CLEARLY:
NAME: _____ TELEPHONE: () _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
E-MAIL ADDRESS: _____

LIST ADDITIONAL FAMILY OR SPOUSE NAMES, NRHA & SOCIAL SECURITY NUMBERS BELOW:

MAKE CHECKS PAYABLE TO: RHANW
MAIL TO: Trina Olson , P.O. Box 603, Athol, ID 83801

Note: All Canadian and Foreign Checks must be made payable in U.S. Funds.
Money Orders preferred for foreign funds.

Please indicate any areas that you would be willing to help out with:

___ Advertising Committee	___ Sponsorship/Fundraising
___ Clinic Committee	___ Year End & Class Awards
___ Show Committee	___ Awards Banquet
___ Help at one of the shows.	

Please list any comments or suggestions as to how we can improve the RHANW:

