

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#_____

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 BELOW:

Please list ***Registered** names of horse(s) that may be shown by you or the family member throughout the year:

* Horses that are not Registered can still be shown. Contact Debbie Fortner for a Competition License form.

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:
