



2009 MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY

EXPIRES DECEMBER 31st!

- New Member**
- Renewal ID#** _____
(if you have ever been an NRHA member)
- I am Head of Household
- Address Change
- I am no longer a Non Pro as of _____
- I am no longer an *NRHA* Professional as of _____
- Please mail current *NRHA Handbook* with my member card
- Please do not submit my name to sponsors
- YES, I want to invest in the future of Reining!**
Enclosed is \$ _____ for the **Reining Horse Sports Foundation.**

PLEASE NOTE: If you plan to ride 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. (Form can be found at www.nrha.com)

2009 Youth or Youth Non Pro members complete Youth membership application. (Form can be found at www.nrha.com)

Members who reside in Canada, must join through Reining Canada at www.reiningcanada.com.

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.

- MEMBERSHIP** (please choose one)
- \$95 **General** membership dues
 - \$95 **Non Pro Renewal** membership dues
 - \$270 **3 Year General** membership dues
 - \$2,000 **Life or Life Non Pro** membership dues
(Individual only) **CHECK or MONEY ORDER ONLY**

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

Make checks payable to:

- REINER MAGAZINE for members** (please choose one)
- Free **Electronic Reiner**
 - Free **U.S. 3rd Class Postage** (one per address)
 - \$55 **U.S. 1st Class Postage**
 - \$50 **Canada Postage**
 - \$85 **International Postage**

NATIONAL REINING HORSE ASSOCIATION
3000 NW 10TH STREET
OKLAHOMA CITY, OK 73107-5302
405-946-7400
405-946-8425 FAX
www.nrha.com

PLEASE PRINT OR TYPE CLEARLY

Date of Birth _____

Last Name (Surname) _____ First Name _____ MI _____

Street Address _____

City, State, Country _____ Postal Code _____

Country of Citizenship _____ Day Phone _____

Evening Telephone _____ Fax Number _____

Email address _____

PAYMENT: Check or money order (in US funds) Visa Master Card Discover American Express

Card # - - -

3 or 4 digit CSV #: Expiration Date: / Cardholder's Phone : _____

Cardholder Name (please print) _____ Cardholder Signature: _____

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Date Rec'd: _____	Amt Pd: _____	Ck#: _____
Date Ent'd: _____	Ship Date: _____	<i>Revised 8-20-08</i>