



**Prince George Reining Horse Association
2010 Membership Application**

Name: _____

Address: _____

City: _____ **Postal Code:** _____

Phone: _____ **Fax:** _____

Email: _____ **HCBC #** _____

- Individual Membership - \$25.00**
- Youth Membership - \$10.00**
- Family Membership - \$55.00**

Date Joined: _____

Please send application form and required fees to:

**Prince George Reining Horse Association
PO Box 3005
Prince George, B. C.
V2N 2T7**

Note: A HCBC Membership is mandatory for PGRHA membership.

The PGRHA has a responsibility to you to manage and keep your personal contact information private. We will not knowingly provide your private information without your consent. From time to time other clubs/associations may have information they would like to share with you. If you would like to receive this valuable information please provide us with your consent below.

I, _____ allow the PGRHA to share my contact information with other clubs/associations without prior consent. Information shared will be limited to name, email and/or address.

Signed: _____ **Date:** _____