



2011 GENERAL MEMBERSHIP APPLICATION EXPIRES DECEMBER 31ST!

FOR OFFICE USE ONLY

- checkbox New Member
checkbox Renewal ID#
checkbox I am Head of Household
checkbox Address Change
checkbox Please mail current NRHA Handbook with my member card
checkbox Please do not submit my name to Corporate Partners
checkbox YES, I want to invest in the future of Reining! Enclosed is \$25 \$50 \$100 Other 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 nrha.com)

2011 Youth or Youth Non Pro members must complete Youth membership application. (Form can be found at nrha.com)

2011 Associate or Associate Non Pro members must complete Associate membership application. (Form can be found at nrha.com)

- MEMBERSHIP (please choose one)
checkbox \$95 General membership dues
checkbox \$95 Non Pro Renewal membership dues
checkbox \$75 Upgrade Current Associate Membership
checkbox \$270 3 Year General membership dues
checkbox \$2,000 Life or Life Non Pro membership dues (Individual only) CHECK or MONEY ORDER ONLY

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.

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

Make checks payable to:

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

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

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: checkbox Check or money order (in U.S. funds) checkbox Visa checkbox Master Card checkbox Discover checkbox American Express

Card # [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []

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

checkbox Please keep my credit card information on file for future use

Cardholder Name (please print) _____ Cardholder Signature: _____

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Date Rec'd: _____ Revised 11/5/2010