

**MICHIGAN REINING HORSE ASSOCIATION
MEMBERSHIP APPLICATION**

YEAR _____

NAME _____

Address _____

City, State, ZIP _____

Phone _____ email _____

For club correspondence & notices

New Member _____ Renewal _____ **NRHA** member number _____

NECESSARY for Affiliate purposes

By signing below, I accept the Rules and Regulations relating to the current MRHA Rules and Bylaws which are available on the MRHA web site or in print, if requested.

Signature _____ Date _____

**Make checks payable to MRHA and send to
Ruth Wentz 1690 N Hicks Road Midland, MI 48642**

_____ **\$25 Regular Individual Membership** use this membership if riding in any class except youth

_____ **\$15 Youth Membership** – Youth classes only – regular membership for all other classes

_____ **\$200 Life Membership**

Annual Memberships expire December 31 of each year. Membership required to have your points eligible to accumulate for year-end awards.

Please indicate below if you want your newsletter mailed to you or delivered electronically.

_____ Mailed _____ Delivered through email
Enter email address above

Office Use Only: Assigned member number: _____

Check # _____ Date received _____

Membership list _____ Card printed _____

Card sent _____