

**Washington Reining Horse Association
Membership Application**

Membership Fee: \$35 Individual/\$50 Family

Mail completed form and payment to:

WRHA – MEMBERSHIP
Janet Hurlburt
22317 Hickory Way
Brier, WA 98036

Name: _____ NRHA #: _____
(Exactly as it appears on your NRHA card, if applicable)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Family Members (if family membership):

_____ NRHA# _____

_____ NRHA# _____

_____ NRHA# _____

_____ NRHA# _____

_____ NRHA# _____

*****FOR OFFICE USE ONLY*****

Fee Received: \$ _____ Cash: _____ Check: # _____

Date Received: _____ Received By: _____