



## 2017 Membership Application

**Both the rider and owner of a horse must be a member of the AzRHA in order to have points earned at AzRHA events and count toward AzRHA year-end awards.** Any points earned at 2017 AzRHA events held prior to receipt of necessary membership applications and fees will not count toward year-end awards. Family Membership must list all members to be part of the family group along with NRHA numbers and birthdates for all children. An NRHA number is not required if applicant is not an NRHA member. An email receipt will be sent to all member applicants, no cards will be sent. Please contact [AzRHACommunications@gmail.com](mailto:AzRHACommunications@gmail.com) if you have not received your confirmation email within four weeks of delivery.

**ALL MEMBERSHIPS WILL EXPIRE ON DECEMBER 31, 2017.**

|  |   |                                    |   |
|--|---|------------------------------------|---|
| <b>PLEASE CHECK THE APPROPRIATE BOX:</b> |   |                                    |   |
| <input type="checkbox"/>                 | Individual or   | <input type="checkbox"/> Corporate | \$50.00   |
| <input type="checkbox"/>                 | Individual Youth (18 & Under)                               |                                    | \$25.00   |
| <input type="checkbox"/>                 | Family Membership<br>(Husband, Wife, Children 18 and Under) |                                    | \$85.00   |
|  |   |                                    | <b>NOMINATE YOUR HORSE IN THE HORSE OF THE YEAR PROGRAM</b>   |
|  |   |                                    | <b>NAME ^ ARABIAN OTHER (CIRCLE ONE)</b><br><b>CHECK OUT OUR HORSE OF THE YEAR RULES ON OUR WEBISTE</b> |

PLEASE PRINT CLEARLY / HAS YOUR ADDRESS CHANGED SINCE LAST YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_

NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_ NRHA # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth (for Youth Memberships) \_\_\_\_\_

For Family Membership: Spouse \_\_\_\_\_ NRHA# \_\_\_\_\_

Children 18 & Under \_\_\_\_\_ DOB \_\_\_\_\_ NRHA# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ NRHA# \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Please return completed form with check/money order made payable to "AzRHA" to:**

**ARIZONA REINING HORSE ASSOCIATION**  
 15029 N. Thompson Peak Pkwy  
 Suite B111, #551  
 Scottsdale, AZ 85260  
 WWW.AZRHA.COM

Date Received (postmarked date if by mail) \_\_\_\_\_ Check No. \_\_\_\_\_ confirmation email sent \_\_\_\_\_