

TEXAS REINING HORSE ASSOCIATION

MEMBERSHIP APPLICATION

Date: _____

New membership/renewal: TRHA #: _____
(circle one)

NAME(S) of SHOWING MEMBER(S) ONLY and their NRHA numbers MUST be included on your application for Affiliate Championship Qualification:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

NRHA #: _____ Phone: _____

Email address: _____ Birth date: _____

_____ \$30.00 Individual Membership

_____ \$300.00 Lifetime Membership

Donations (Optional):

I would like to donate the following amount to the TRHA Year End Awards Fund:

\$10 \$20 \$30 \$40 Other _____

Please mail completed form to:

Leslie Trayers
519 Wellington Point
Houston TX 77094-1128