

West Texas Reining Horse Association



Membership Application



Personal Information:

Date: _____

Last Name: _____ First Name: _____

Address: _____ Apt/Unit # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

NRHA Membership number: _____ Email Address: _____

Membership: Family \$40.00 _____ Individual \$25.00 _____

How would you like to receive your Newsletter: Email _____ US Postal Service: \$10.00 extra _____

Please list Family Information for Family Membership:

Name: _____ NRHA Membership# _____

Name: _____ NRHA Membership# _____

Name: _____ NRHA Membership# _____

Name: _____ NRHA Membership# _____

Name: _____ NRHA Membership# _____

Contact Information

Please mail this completed form and your check for Full Payment to:

WTRHA
c/o Sharon Lester
PO Box 31221
Amarillo, TX 79120
Questions: 806-499-3655
slester47@midplains.coop

Amount Paid _____ Check Number _____ Date _____