



## Membership Form

PLEASE PRINT OR TYPE CLEARLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone \_\_\_\_\_

Email address: \_\_\_\_\_

MEMBERSHIP\* (please choose one) \_\_\_\_\_ Single (\$35) \_\_\_\_\_ Family (\$50) \_\_\_\_\_ Youth (\$10)

Name: \_\_\_\_\_

NRHA # \_\_\_\_\_ Date of Birth (Required for Prime Time & Youth Riders) \_\_\_\_\_

Name: \_\_\_\_\_

NRHA # \_\_\_\_\_ Date of Birth (Required for Prime Time & Youth Riders) \_\_\_\_\_

Name: \_\_\_\_\_

NRHA # \_\_\_\_\_ Date of Birth (Required for Prime Time & Youth Riders) \_\_\_\_\_

\_\_\_\_\_ Add Fee to Showbill

\_\_\_\_\_ Pay separately w/ check, cash or card (processing fee will be added to total)