



## ROGUE REINING HORSE ASSOCIATION MEMBERSHIP FORM

**Please note: Owner and Rider must be members to qualify  
for year end awards.**

**NAME** \_\_\_\_\_

**NRHA Number** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**\$55 RRHA Membership**  **\$50/Horse Nomination Fee**

**\$25 RRHA Youth Membership**  **Horse #1 Name** \_\_\_\_\_

**\$100 RRHA Family Membership**  **Horse #2 Name** \_\_\_\_\_

**\$150 3 year RRHA Membership**  **Horse#3 Name** \_\_\_\_\_

**\$350 Lifetime RRHA Membership**

**\*10% discount if paid prior to January 31<sup>st</sup> 2026**

**Credit Cards/Paypal Accepted**

**Card Numbers:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Make Checks Payable to RRHA**

**Mail to:**

**PO BOX 423**

**Shady Cove, OR 97539**