



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 31st 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