



NEW YORK REINED COW HORSE ASSOCIATION

2009 Membership Application

Membership valid from Nov. 16, 2008 through Nov. 15, 2009

NAME (First, MI, Last): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

NEW MEMBERSHIP RENEWAL (membership#) _____

Please provide the following additional information:

NRCHA membership # (if applicable) _____

Amount Enclosed:

_____ Individual \$25 _____ Individual Lifetime \$300

_____ Family \$35 includes husband, wife, and children 18 yrs old and under

_____ Family Lifetime \$500 includes husband, wife and children through their 18th yr

Members to be included under family membership:

NYRCHA #	NAME	DOB (for child)	NRCHA # (if applicable)

Make checks payable to: **New York RCHA**

Mailing address: 460 Fitch Road, Rushville NY 14544

Contact: Aimee Minter, Secretary (585)507-5081