

Central Coast Reining Horse Association

2010 Membership Application



REGULAR MEMBERSHIP _____ \$35
JUNIOR MEMBERSHIP _____ \$15
ADDITIONAL FAMILY MEMBER _____ \$15 ea.
CLASS SPONSOR _____ \$100

CURRENT NRHA MEMBER? YES / NO NRHA MEMBER# _____

CCRHA MEMBERSHIP TYPE _____ NEW/RENEWAL

AMOUNT \$ _____ CHECK # _____

NAME _____ CCRHA MEMBER# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

PHONE _____ SS# _____

(NEEDED TO PAY-OUT PRIZE MONEY)

ADDITIONAL FAMILY MEMBER NAME: _____

Mail to: CCRHA, PO Box 1938, Santa Ynez, CA 93460

WOULD YOU BE INTERESTED IN ANY OF THE FOLLOWING VOLUNTEER OPPORTUNITIES:

SCRIBE AT SHOWS _____ BACK GATE ASSISTANCE _____ COMMITTEES _____