

**KENTUCKY REINING HORSE ASSOCIATION
2018 Membership Application**

NAME: _____ **NRHA #** _____ (Must include)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: Home _____ **Cell** _____

E-MAIL : _____

Check One: _____ **Adult \$35.00** _____ **New** _____ **Renewal**
_____ **Youth \$20.00** (name if with _____ **Date of Birth**
adult)

TOTAL DUE: _____ **Make checks payable to KRHA**

Mail to:

KRHA
c/o Jessica Heskel
717 S. Hamilton St.
Georgetown, KY 40324

Office use only: Paid - date _____ Ck # _____

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