

KENTUCKY REINING HORSE ASSOC.

Membership Application 2024

NAME _____ NRHA # (Must include) _____

ADDRESS _____

CITY: _____ STATE _____ ZIP CODE _____

PHONE: _____ Home/ Cell _____

E-MAIL _____

Check One _____ Adult \$35.00 Youth \$20.00 _____ New _____ Renewal _____

Youth _____ (name if with adult) Date of Birth _____

TOTAL DUE _____ Make checks payable to KRHA

Mail to: KRHA

OR go to: showmypony.com/krha-membership/

c/o Monica Stephens, 5022 Lupreese Lane, Versailles, KY 40383

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