

Southern Nevada Reining Horse Association

Membership Form

Voting Member Name: _____ NRHA # _____

Voting Member Name: _____ NRHA # _____

Name: _____ NRHA # _____

Name: _____ NRHA # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Cell Number: () _____

Email Address: _____

Membership Dues: *All voting members must be over the age of 18 (youth CANNOT vote). Please list all members in the name section and make sure voting members are indicated.* Please indicate with a check mark the appropriate membership category below:

- | | |
|--|---------|
| <input type="checkbox"/> Individual (over 18 as of Jan 1) | \$30.00 |
| <input type="checkbox"/> Family (list all members, indicate two voters) | \$40.00 |
| <input type="checkbox"/> Partnership (list all officers, indicate voter) | \$40.00 |
| <input type="checkbox"/> Youth (under 18 as of Jan 1) | \$10.00 |

Amount Paid \$ _____

Paid by check no. _____

Paid by cash

Please send application with your payment to:

SNRHA
c/o Kathie Salera
8525 W La Madre Way
Las Vegas, NV 89149

