



# New York Reined Cow Horse Association

## Membership Application

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NEW MEMBER YES / NO

NYRCHA # \_\_\_\_\_ NRCHA # \_\_\_\_\_

### SELECT FROM THE FOLLOWING:

INDIVIDUAL		\$45.00
FAMILY		\$65.00
INDIVIDUAL-Lifetime		\$300.00
FAMILY-Lifetime		\$500.00

*If family membership, please list members to include:*

NAME	NRCHA #	DOB (for Youth classes)

Add membership to show bill? YES / NO

MAKES CHECK PAYABLE TO:

**NYRCHA  
6040 Cleary Rd.  
Livonia, NY 14887**

Questions? Email the Treasurer at [cindypfeifer59@gmail.com](mailto:cindypfeifer59@gmail.com)