



Membership Application

Show Year:

First Name: _____ **Last Name:** _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

****Please make sure to update your email address****

NYRCHA Membership Number: _____

NRCHA Membership Number: _____

Select from the following membership options:

<input type="checkbox"/>	<u>Individual</u>	\$45.00
<input type="checkbox"/>	<u>Family</u>	\$65.00
<input type="checkbox"/>	<u>Individual - lifetime</u>	\$300.00
<input type="checkbox"/>	<u>Family - lifetime</u>	\$500.00
<input type="checkbox"/>	<u>Weekend Pass*</u>	\$25.00

**A weekend pass can only be used at one show per year*

For family memberships, please list the individuals to include:

Name	NRCHA #	If youth, please include DOB for eligibility

Add membership to show bill?

Make checks payable to: _____ NYRCHA

Mail checks and forms to: