



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:

☐	<u>Individual</u>	\$45.00
☐	<u>Family</u>	\$65.00
☐	<u>Individual - lifetime</u>	\$300.00
☐	<u>Family - lifetime</u>	\$500.00
☐	<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?

☐ YES

☐ NO

Make checks payable to: _____ NYRCHA

Mail checks and forms to: _____

Anna Richards, NYRCHA Treasurer
4011 State Street Road
Skaneateles, NY 13152