



## New York Reined Cow Horse Association

### 2025 Membership Application

For year beginning November 16th, 2024 - November 15th, 2025

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text? \_\_\_\_\_ Email: \_\_\_\_\_

Renewal (NYRCHA #): \_\_\_\_\_ NRCHA #: \_\_\_\_\_ New membership? \_\_\_\_\_

#### Select from the following:


Individual membership (\$45)

Family membership (\$65)

Individual - lifetime (\$300)

Family - lifetime (\$500)

#### Member information to be included under family memberships:

Name	NRCHA #	DOB (Youth)

Add membership to Show Bill? \_\_\_\_\_  
or

Make check payable to:

NYRCHA

Mail check to:

6040 Cleary Rd.  
Livonia, NY 14887

Treasurer contact:

cindypfeifer59@gmail.com