



PO Box 55 Rockford, WA 99030

www.rhanw.com

MEMBERSHIP FORM

PLEASE PRINT CLEARLY

DATE: _____ PLEASE CHECK ONE: _____ RENEWAL _____ NEW MEMBER

NAME: _____ TELEPHONE: () _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

Are you a current NRHA member? Yes ___ No ___ NRHA# _____

LIST ADDITIONAL FAMILY OR SPOUSE NAMES AND NRHA NUMBERS BELOW:

CHECK APPROPRIATE LINE

_____ \$30.00 Regular Membership

_____ \$10.00 Spouse Membership

_____ \$ 5.00 Junior Membership (under 18)

_____ \$ 45.00 Family Membership

PAID: ___ CASH ___ CHECK # _____

MAKE CHECKS PAYABLE TO: **RHANW**

Note: All Canadian and Foreign Checks must be made payable in U.S. Funds.

Money Orders preferred for foreign funds.

Please indicate any areas that you would be willing to help out with:

___ Show Committee

___ Staff/Volunteer at the shows.

___ Clinic/Events Committee

___ Sponsorship/Fundraising Committee

___ Advertising Committee

___ Public Relations Committee

___ Year End & Class Awards

___ Awards Banquet