



Membership Fees: Individual \$40 Youth \$25 Family \$80 Lifetime \$200

Mail completed form with payment to: 4 States Reining Horse Association • PO Box 162 • Nash, TX 75569

Member Information

Full Name _____

Address _____

City _____

State _____

ZIP _____

Phone _____

Email _____

NRHA Member # (if applicable) _____

Membership Type

<input type="checkbox"/> Individual (\$40)	<input type="checkbox"/> Youth (\$25)	<input type="checkbox"/> Family (\$80)	<input type="checkbox"/> Lifetime (\$200)
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Family Member Names (Family Membership Only)

Signature _____ Date _____

FOR OFFICE USE ONLY		
Payment Type: _____	Amount: _____	Date Received: _____
Received By: _____		