

EPRHA Membership Application 2012

(Eastern Plains Reining Horse Association--NRHA Affiliate)
Year ends December 31st

Family \$30, Individual \$20, Youth \$10

Check One: (√) Family: _____ Individual: _____ Youth: _____ (18 & under)

Name: _____ EPRHA# _____

Address: _____ NRHA# _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ Email: _____

EPRHA offers family memberships to members of the immediate family (spouse and/or children up to 18 years of age) living in the same household. All age groups are defined by NRHA guidelines. EPRHA reserves the right to reject the membership of individuals who are suspended from the NRHA for any reason, subject to being reinstated by the NRHA

Youth members 18 and under must have a parent or guardian sign below.

Parent or Guardian Signature: _____

If family membership is checked, please list members below:

Family Members	D.O.B.	E-Mail Address	Home Phone	Cell Phone

Enclose the appropriate fee and Mail to:

EASTERN PLAINS REINING HORSE ASSOCIATION
P.O. BOX 164
PEYTON, COLORADO 80831

EPRHA:MbrspAppln2012