

ARIZONA REINED COW HORSE ASSOCIATION 2010

MEMBERSHIP YEAR: January 1, 2010 – December 31, 2010

www.azrcha.com

- ❖ ALL REGISTERED OWNERS & EXHIBITORS of competing horses IN ALL DIVISIONS must be members of AZRCHA & NRCHA at time of showing for points to count towards year-end awards. Points earned by any horse during a lapse of owner's membership will not be picked up on subsequent payment. A current AZRCHA membership is required of any exhibitor competing for All-Around Award, Circuit Award, or any AZRCHA special events, etc.

**PLEASE PRINT ALL INFORMATION*

2010 MEMBERSHIP APPLICATION _____ Renewing _____ New
Current AZRCHA number _____

Name: (1 per form) _____

Address: _____ City: _____

State _____ Zip _____ Email: _____

Home Phone _____ Cell _____ Fax _____

Date of Birth _____

- Note: Contributions or gifts to the Arizona Reined Cow Horse Association are not tax deductible as charitable contributions for federal income tax purposes
- Dues payments and contributions may be deductible as ordinary and necessary business expenses. *Check with your accountant.*
Please mark if interested and available to volunteer for club activities _____
Duties Interested in _____

IMPORTANT: For points to count towards NRCHA & AQHA, we must have your Exhibitor and or Owner I.D. numbers: Please include ALL YOUR NUMBERS AND COPIES of current membership cards

NRCHA _____ Exp. Date _____ AQHA _____ Exp Date _____

PLEASE MARK: _____ Youth _____ Non Pro*** _____ Open

*****NRCHA Non-Pro definitions and rules are followed by AZRCHA**

AMOUNT ENCLOSED

Please check one: _____ Lifetime \$350.00
_____ 3 yr. Individual 70.00 3 years
_____ Individual 30.00 1 year
_____ Youth 25.00 1 year
_____ Family ** 40.00 1 year

***family memberships require each family member to fill out separate applications and submit together with fee
Make payable to Arizona Reined Cow Horse Assoc.*

My signature below is evidence of my agreement to abide by and be bound by the rules and regulations of AZRCHA.

SIGNATURE: _____

YOUTH PARENT SIGNATURE: _____

**Mail to : AZRCHA Member renewal to :AZRCHA % PAUL: P.O. BOX 7829,
CAVE CREEK, AZ 85327**

For official use only: Check# _____ Amount: \$ _____ Member# _____

Mailed to Member on: _____ by: _____