



**TEXAS REINING HORSE
ASSOCIATION**

MEMBERSHIP APPLICATION

Date: _____

New membership/renewal: TRHA # _____ NRHA # _____
(circle one)

Name(s) of SHOWING MEMBER(S) ONLY and their NRHA Numbers MUST be included

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

NRHA # _____ Phone: _____

Email Address: _____ Birth Date: _____

_____ \$35.00 Individual Membership

_____ \$300.00 Lifetime Membership

Donations (Optional):

I would like to donate the following amount to the TRHA Year End Awards Fund

\$10 \$20 \$30 \$40 Other _____

Please mail completed form to:

Shari Griswold
41266 Addie Gee Rd
Hempstead, TX 77445