



ARIZONA REINED COWHORSE ASSOCIATION

2024 Membership Application

Annual Membership valid from November 16, 2024 to November 15, 2024

_____ New AZRCHA Member _____ Renewal

PLEASE PRINT LEGIBLY AND FILL OUT ALL CONTACT INFORMATION!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ NRCHA # _____

To qualify for year-end awards, ALL REGISTERED OWNERS, TRAINERS AND EXHIBITORS must be a member of AZRCHA.

Please refer to www.azrcha.com for show schedule, results, requirements, and other current information.

Divisions: Youth _____ Date of Birth: _____

Non-Pro _____ (AZRCHA follows all NRCHA Non Pro definitions and rules.)

Open _____ Owner only _____

Membership Levels: (Please check one)

- _____ Individual Lifetime Membership \$300
_____ Family Lifetime Membership \$500
_____ 1-year Individual Membership \$30
_____ 1-year Youth 18 and under \$ NC
_____ 1-year Family Membership \$50 additional family members _____

I, the undersigned, agree to abide and be bound by the rules and regulations of the AZRCHA.

SIGNATURE (applicant or responsible party) _____

DATE: _____

Please make your check payable to AZRCHA and mail with your completed application to:
AZRCHA, 28150 N. Alma School Pkwy. Suite 103-520, Scottsdale, AZ 85262

QUESTIONS – Contact Jeff Heyer at 508-221-1358 or Jake Barry at 719-688-1542

Table with 3 columns: Check no., Amount\$, Date received: