



**ARIZONA REINED COWHORSE ASSOCIATION**

**2018 Membership Application**

Annual Membership valid from January 1, 2018 to December 31, 2018

\_\_\_\_\_ 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 # \_\_\_\_\_

**ALL REGISTERED OWNERS AND EXHIBITORS of horses shown in AZRCHA shows must be members of AZRCHA due to insurance requirements.**

Please refer to [www.azrcha.com](http://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 103-242, Scottsdale, AZ 85262

QUESTIONS – Contact Susan Michelson: call 928-607-3436.

For official use only

Check no.	Amount\$	Date received:
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