



ARIZONA REINED COWHORSE ASSOCIATION
2020 Membership Application
 Annual Membership valid from January 1, 2020 to December 31, 2020

_____ 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 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.

Check no.	Amount\$	Date received:
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