



ARIZONA REINED COWHORSE ASSOCIATION
2021 Membership Application
 Annual Membership valid from January 1, 2021 to December 31, 2021

_____ 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 103-242, Scottsdale, AZ 85262

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

Check no.	Amount\$	Date received:
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