



PLEASE FILL OUT  
ONE FORM PER PERSON

# Membership Application 2017

\_\_\_\_\_ New Member

\_\_\_\_\_ Renewal CRHA # \_\_\_\_\_

NRHA Member? Yes or No

If yes, NRHA # \_\_\_\_\_ (REQUIRED)

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

St \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Trainer's Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date \_\_\_\_\_

## Membership Dues

CRHA follows NRHA Rules  
Owner & Rider Must be CRHA members

\_\_\_\_\_ \$55 Individual

\_\_\_\_\_ \$35 Youth

\_\_\_\_\_ \$500 Lifetime

Email Form or questions to: [sbrbann@yahoo.com](mailto:sbrbann@yahoo.com)

**Make Checks payable to: CRHA**

**Mail to: C/O Anne Brumleu  
35650 Pyramid Peak Rd  
Mountain Center, CA 92561**

Office Use Only	PAYMENT OPTIONS
CRHA Roster _____	Cash _____
NRHA Roster _____	Check _____
Received _____	Credit Card _____
Deposited _____	Show Bill _____
NOTES:	Name of Show _____