



PLEASE FILL OUT
ONE FORM PER PERSON

Membership Application 2020

_____ 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:
CRHAreining@gmail.com

Make Checks payable to: CRHA

**Mail to: c/o LEG Shows & Events
480 W. Riverside Dr. Suite 1
Burbank, CA 91506**

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

Credit Card # _____

Exp _____ CVS# _____ ZipCode _____

Name on Card _____