

NZRHA



NEW ZEALAND REINING HORSE ASSOCIATION

2009/10 Membership Application

Please tick the appropriate boxes:

New Member

Renewal

Change of address

PLEASE PRINT CLEARLY

Surname: _____ First Name: _____

Signature: _____

Postal Address _____

Home Phone No: _____ Work Phone No: _____

Mobile Phone No: _____ Email: _____

Full Membership \$35

Family Membership \$45

Cheques payable to NZRHA

Send to:
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