

RANCH HORSE ASSOCIATION OF AMERICA, INC.
PO BOX 7723
ABILENE, TX 79608
325/529-5637

MEMBERSHIP APPLICATION

Date: _____
Name: _____ Renewal (Member #) _____ New Member _____
Address: _____ City: _____
State: _____ Zip: _____ Daytime phone: _____ Nighttime phone: _____
Email: _____

Name of ranch/owner if competing on horse owned by employer: _____

I, _____, certify that the applicant is currently employed full time by the above named ranch and
(Ranch Owner/Employer) employment with said ranch is his/her primary source of income.

_____ Date of employment: _____

(Signature of Ranch Owner/Employer)

I have read and understand the rules and requirements of eligibility to compete any RHAA competition and I agree to abide by them. I understand that the responsibility and burden of proof of my eligibility rests solely on me and not the RHAA, its officers, directors, or employees. I also understand that any fraudulent activity on my part could result in disciplinary action which could result in suspension from the RHAA. The RHAA reserves the right to reclassify any member who violates the intention of the class entered.

_____ Date _____

(Signature of Applicant)

Amount enclosed: \$65 – Individual Membership _____
\$350 – Lifetime Membership _____
\$300 – Corporate Ranch Membership (unlimited members) _____

Corporate Ranch Membership: Please include current mailing information for all employees who will compete on this membership: Corporate membership is unlimited as to number of employees included, provided they have been employed full time for at least six months. Use additional sheet if needed.

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
Renewal _____ New Member _____	Renewal _____ New Member _____	Renewal _____ New Member _____
Date of employment: _____	Date of employment: _____	Date of employment: _____

Memberships are valid for one year from date of purchase.

PAYMENT METHOD: Check: _____ Cash _____ Credit Card: Visa _____ Master Card _____

NOTE: A 4% SERVICE CHARGE WILL BE ADDED FOR PAYMENT WITH CREDIT CARD.

Account #: _____ Name on Card: _____

Expiration date: _____ Zip Code on billing address: _____ Three digit security code: _____

Remit to: RHAA, P.O. Box 7723, Abilene, Texas 79608-7723

This form must be completed in its entirety including payment of dues. Any incomplete application will be returned.

FOR OFFICE USE ONLY

Date Rec'd: _____ Amt. Pd: _____ Ck #: _____ Date Ent'd: _____ Ship date: _____