



MEMBERSHIP APPLICATION

Date:	Name:	<input type="checkbox"/> Renewal <input type="checkbox"/> New Member
Address:		City:
Daytime Phone:		Evening Phone:
Email Address:		

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.

Signature of Applicant	Date:
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Name of ranch/owner if competing on horse owned by employer:	Date of Employment:
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I, _____ certify that the applicant is currently employed full time by the above named ranch, and employment with said ranch is his/her primary source of income.

Signature of Ranch Owner/Employer:	Date:
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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:
City:	City:	City:
State:	Zip:	State:
Phone:	Phone:	Phone:
Date of Employment:	Date of Employment:	Date of Employment:
<input type="checkbox"/> Renewal <input type="checkbox"/> New Member	<input type="checkbox"/> Renewal <input type="checkbox"/> New Member	<input type="checkbox"/> Renewal <input type="checkbox"/> New Member

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY INCLUDING PAYMENT OF DUES. ANY INCOMPLETE APPLICATION WILL BE RETURNED.

NOTE: A 4% SERVICE CHARGE WILL BE ADDED FOR PAYMENT WITH CREDIT CARD.			
Amount Enclosed: <input type="checkbox"/> \$65 (Individual Membership) <input type="checkbox"/> \$350 (Lifetime Membership) <input type="checkbox"/> \$300 (Corporate Membership, Unlimited Members)			
Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Account / CC Number:		Billing Zip Code:
Expiration Date:	Security Code (Back of Card):	Name on Card:	
FOR OFFICE USE ONLY			
Date Received:	Amount Paid:	Check Number:	Date Entered:
Ship Date:			

Please remit to:
Ranch Horse Association of America • PO Box 285 • Silvertown, TX 79257 • (806) 406-9283