



YOUTH MEMBERSHIP APPLICATION

Name:		DOB:	<input type="checkbox"/> Renewal <input type="checkbox"/> New Member	
Address:		City:	State:	Zip:
Primary Phone:	Alternative Phone:	Email Address:		

I have read and understand the rules and requirements of eligibility to compete any RHA 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 RHA, 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 RHA. The RHA reserves the right to reclassify any member who violates the intention of the class entered.

Signature of Applicant

Date:

PARENT / GUARDIAN SIGNATURE REQUIRED:

By signature of this application, all youth members and their parent/guardian expressly acknowledge that they have reviewed and understood the RHA youth rules & requirements of eligibility published on the RHA website & agree to abide by and be bound by the terms of those rules. The RHA reserves the right to reclassify any member who violates the intention of the youth class.

Signature of Youth:

Date:

Signature of Ranch Owner/Employer:

Date:

PLEASE NOTE THE FOLLOWING PERTAINING TO HORSE OWNERSHIP:

The RHA requires youth members to follow standard RHA horse ownership rules. Although no Competition License is required of horse, Youth members must own, be direct family to owner, or be a child of the horse owner's employee. If the youth member plans to show a horse under their parents employer, please list the ranch/employer's name below.

Signature of Ranch / Employer:

Date:

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: \$35 (Youth Membership)

Payment Method: Check Cash Visa 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: