



# YOUTH MEMBERSHIP APPLICATION

Name:		DOB:	<input type="checkbox"/> Renewal <input type="checkbox"/> New Member	
Address:		City:	State:	Zip:
Primary Phone:	Alternative Phone:	Email Address:		
<p>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.</p>				
Signature of Applicant			Date:	
<b>PARENT / GUARDIAN SIGNATURE REQUIRED:</b>				
<p>By signature of this application, all youth members and their parent/guardian expressly acknowledge that they have reviewed and understood the RHAA youth rules &amp; requirements of eligibility published on the RHAA website &amp; agree to abide by and be bound by the terms of those rules. The RHAA reserves the right to reclassify any member who violates the intention of the youth class.</p>				
Signature of Youth:			Date:	
Signature of Ranch Owner/Employer:			Date:	
<b>PLEASE NOTE THE FOLLOWING PERTAINING TO HORSE OWNERSHIP:</b>				
<p>Youth participants have open ownership; they are allowed to show any horse regardless of ownership. However, owner is required to be a current RHAA member. If the youth member plans to show a horse under their parents' employer, please list the ranch/employer's name below.</p>				
Signature of Ranch / Employer:			Date:	
<b>THIS FORM MUST BE COMPLETED IN ITS ENTIRETY INCLUDING PAYMENT OF DUES. ANY INCOMPLETE APPLICATION WILL BE RETURNED.</b>				
<b>NOTE: A 4% SERVICE CHARGE WILL BE ADDED FOR PAYMENT WITH CREDIT CARD.</b>				
<b>Amount Enclosed: <input type="checkbox"/> \$35 (Youth Membership)</b>				
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:		
<b>FOR OFFICE USE ONLY</b>				
Date Received:	Amount Paid:	Check Number:	Date Entered:	Ship Date:

Please remit to:  
Ranch Horse Association of America • PO Box 2380 • Weatherford, TX 76086 • (817) 910 3538