



2007 MEMBERSHIP APPLICATION

EXPIRES DECEMBER 31, 2007

PLEASE COMPLETE APPLICATION FORM CLEARLY, COMPLETELY, ACCURATELY & CHECK ANY BOXES THAT ARE APPLICABLE. Send to Reining Canada with the correct fees in Canadian Funds. DO NOT SEND TO THE NRHA. Thank you.

NEW MEMBER **RENEWAL** Reining Canada # _____ (Same as your NRHA#)

I Declare _____ as my designated Affiliate. Choose the regional Affiliate you wish to belong to for Affiliate Circuit Participation from the following list: WCRA, PGRHA, RA, SRHA, CCRHA, ORHA, QRHA, Codiac.

Note: If you plan to show in Non Pro or Rookie classes and did not have Non Pro status for the previous calendar year, please complete the Non Pro Declaration and submit to Reining Canada along with the filing fee of \$30.00 CDN.

I am a registered Non Pro (& have previously provided the Non-Pro Declaration & Fee, with no lapse in status.)

I am a no longer a Non Pro as of _____(date).

Address Change Do not submit my name to sponsors

PLEASE PRINT OR TYPE CLEARLY AND PLEASE COMPLETE ALL FIELDS TO HELP COMPLETE OUR DATABASE

Reining Canada ID # _____		(this is the same number as your NRHA number)	
Last Name (Surname): _____		Date of Birth: _____	
First Name: _____	Middle: _____	Day Telephone: () _____	
Street Address: _____		Evening Telephone: () _____	
City: _____	Prov: _____	Fax Number: () _____	
Country: _____	PCode: _____	Email Address: _____	
Country of Citizenship: _____	I want to receive notices/newsletters from Reining Canada: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURE: _____			

Individual \$150.00 General or Non Pro membership dues Non-Pro Declaration fee enclosed \$30.00

Youth membership dues \$75.00 (Birth date required)

Submit completed application to Reining Canada with payment in Canadian Funds. Make cheques or Money Order payable to REINING CANADA.

Mail to:
 Reining Canada
 Box 3267
 Airdrie, AB T4B 2B5
 Phone: 403-945-9510
 Fax: 403-945-9511
 Email: admin@reiningcanada.com

PLEASE PRINT CLEARLY

FOR VISA OR MASTERCARD PAYMENT COMPLETE :

Please charge fee to:
VISA OR MASTERCARD
(Circle one)

EXPIRY DATE: ____/____/____
MM / YR

NAME ON CREDIT CARD: _____

Amount to be charged:

\$

_____ - _____ - _____

FOR OFFICE USE ONLY			
DATE REC'D _____	AMOUNT PD \$ _____	CHQ # _____	CHQ NAME: _____
DATE ENT'D INTO RC DB _____	DATE CARD MAILED _____		

NEW RCDA/NRHA # _____