

Central Canada Reining Horse Association
2016 MEMBERSHIP APPLICATION

NAME: _____
-to be completed by the riding member -make additional copies for each individual member

ADDRESS: _____

_____ PHONE: _____

EMAIL ADDRESS: _____ FAX: _____

NAME OF OTHER FAMILY MEMBERS: _____

MEMBERSHIP FEES:

Individual	\$50.00	_____
Family	\$60.00	_____
Associate	\$25.00	_____
Total		_____

I hereby apply for membership in, and agree to be bound by the constitution and rules of the Central Canada Reining Horse Association. I have enclosed my 2016 membership fee.

Date: _____ Signature: _____

Please send this membership form and a cheque payable to the Central Canada Reining Horse Association to the following address:

Central Canada Reining Horse Association
C/o Bonna Jean Bateman
Box 8, GRP 570, RR#5,
Winnipeg, MB R2C 2Z2

ccrhatreasurer@ccrha.com

All members of the Central Canada Reining Horse Association must be members of the Manitoba Horse Council as the CCRHA is a member of the Manitoba Horse Council.

Are you a member of the Manitoba Horse Council? Yes _____ No _____

If yes, your Manitoba Horse council Number is: _____