

**ROCKY MOUNTAIN HIGH SHOWS, INC.
A STATE ASSOCIATION**

NAME _____ DATE _____

YOUTH NAMES AND AGES _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ E-mail _____

ARBA NUMBER(S) _____

BREEDS YOU RAISE _____

Do you want to be part of the Breed Referral list? Yes ___ No ___; List Phone #? Yes ___ No ___; List Address? Yes ___ No ___

DUES: 1-year -- Adult(over 19) \$9.00; Youth (through 18) \$6.00; Family: 2 Adults \$13.00 & each child at the same address \$3.00;
NON A.R.B.A. \$1.00 more for each member

3-year -- Adult (over 19) \$23.00; Youth (through 18) \$14.00; Family: 2 Adults \$35.00 & each child at the same address \$7.00;

NON A.R.B.A. \$1.00 more for each member

APPLICANTS FROM OUT OF STATE MUST BELONG TO A LOCAL CLUB, RMHS AFFILIATED, IN COLORADO. NAME OF CLUB: _____

Make checks payable to Rocky Mountain High Shows or RMHS and send to Membership Secretary:

Linda Hibbert 1518 Windy Gap Road, Loveland Co., 80537

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