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| **A picture containing text  Description automatically generated** | | | | | **2023 VolRHA Membership Application**  *Important: All memberships are based on calendar year and expire December 31. Please allow 3 weeks for processing. One form per membership. RETURN TO: Rachael Snow 4807 Shadescrest Dr. Nashville, TN 37211* | | | | | | | | | |
| **BENEFITS OF MEMBERSHIP:**  **By becoming a VolRHA Member, you receive discounts on show fees, have the right to vote on Officers, and will be in the running for Year-End and Show High Point Awards.** | | | | | | | | | | | | | | |
| Name: | | | | | | | | | Email: | | | | | |
| Address: | | | | | | | | | | | | | | |
| Phone: | | | | | | | | | Cell Phone: | | | | | |
| New/Renew: | |  | | New Membership | | | | |  | | Membership Renewal | | | |
| Category: | |  | | Individual $30 | | | | |  | | Family $40 | | | |
| If Family Membership, list family members (besides yourself) below:  *(A family is defined as parents and children under the age of 18 years living in the same household)* | | | | | | | | | | | | | | |
| Name: | | | | | | Relation: | | | Birthdate  (if under 18 yrs): | | | Email Address (if different from that listed above): | | |
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| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | |
| Payment: | | |  | | | | Cash | | |  | | | |  |
|  | | |  | | | | Check Amount: | | | Check #: | | | | **$50 NSF Fee** |
|  | | |  | | | | Included with Show Tab Payment | | | | | | | |
| Received by: | | | | | | | | Date: | | | | | Card Issue Date: | |