



## 2018 CNYRHA MEMBERSHIP FORM

Membership expires December 31, 2018

NAME \_\_\_\_\_

NRHA # \_\_\_\_\_

\_\_\_\_\_ NRHA# \_\_\_\_\_

\_\_\_\_\_ NRHA# \_\_\_\_\_

\_\_\_\_\_ NRHA# \_\_\_\_\_

\_\_\_\_\_ NRHA# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

☐ I DO NOT WANT MY ADDRESS SHARED (please check box)

### MEMBERSHIP TYPE

( please circle one)

REGULAR: \$ 30.00

FAMILY: \$ 50.00.

YOUTH: \$15.00

Family membership includes two adults and one youth member. Any youth wishing to qualify for Year End Awards other than Youth, must purchase a separate individual, regular membership.

Please make checks payable to: CNYRHA

Mail to : CNYRHA/DALE SARGEANT  
1157 LAKESHORE ROAD  
CHAZY, NY. 12921

Forms may be emailed with credit card information to :  
[dalesargeant@icloud.com](mailto:dalesargeant@icloud.com)