

COWBOY STATES REINING HORSE ASSOCIATION

"For Riders Who Want To Put A SPIN On Life" www.cowboystatesreiners.com

2025 MEMBERSHIP APPLICATION

☐ Family	Membershi	р	8 years or you	\$30.00	uary 1 of the year	which the	e member	ship is p	urchased)		
Date of Joint M (For pa	Membership . artnership, corpressions involved	porate or	other form of j	\$25.00 joint horse ow wishes to com	nership as listed on pete or vote, each showing said hors	person n			dual or fa	amily men	nbership
If you have		th NRHA	se indicate yo		esignation: out another form if						
membership for	the entire fol	lowing ye	ar.	•	ewals paid after No o the general publ		I st of the	current y	vear will b	be a valid	
	Name:										
Member Name	es (for family	or joint r	nembership)								
_											
_											
	Address: _ City:								Zip		
	Phone: E-Mail:	()		Alt. Phone:	(
	NRHA#						CSRHA	Fund R	aising (Committ	ee
Payment Method: Check New Member Renewal			Ca	ısh	is fu	is accepting donations for the general fund. Would it be possible to count on you for:					
Date:					Please circle one						
					\$10	\$20	\$25	\$35	\$50	\$100	More
			Please m	ake checks	s payable to CS	RHA a	ınd mai	il to:			
Office Use Only HA # Assigned		_	2.5000 11	M F Broad	egan Smith O Box 597 dus, MT 59317 rting@gmail.com						

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