

**CNYRHA**

**2026 Membership Form**

**Expires December 31, 2026**

**(PLEASE PRINT CLEARLY)**

Name:

NRHA #:

Address:

City, State, zip:

Phone:

E-mail:

☐ Check box to receive e-mail updates

**Membership type:**

☐ Regular \$30.00

☐ Family (includes 2 adults & 1 child) \$50.00

☐ Youth \$15.00

Pay via credit card:

Card number

Exp. date

3 digit code

Pay via check: Made out to CNYRHA

Mail this form back to:

CNYRHA

1852 Petrolia Rd

Wellsville, NY 14895