



Panhandle Reined Cow Horse Association



Membership Application

Personal Information:

Please fill out form completely. PRCHA is not responsible for missing NRCHA Numbers on memberships. If not provided you could not receive NRCHA Credit for your show.

Date: _____

Last Name: _____ First Name: _____

Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

NRCHA Membership number: _____ Email Address: _____

Membership: (please check one) Family \$70.00 Individual \$35.00

Email address (if you'd like to receive our newsletter): _____

Please list Family Information for Family Membership:

Family memberships are for married couples and children 18 years old or younger at the start of the show season. All others must have an individual membership form and fee paid.

		<u>Childs</u>
Name: _____	NRCHA Membership# _____	Age _____
Name: _____	NRCHA Membership# _____	Age _____
Name: _____	NRCHA Membership# _____	Age _____
Name: _____	NRCHA Membership# _____	Age _____
Name: _____	NRCHA Membership# _____	Age _____

Contact Information:

Please mail this completed form and your check for Full Payment to:

**PRCHA
PO Box 1053
Canyon TX 79015**

Questions: panhandlecowhorse@gmail.com

Amount Paid _____ Check Number _____ Date _____