

West Texas Reining Horse Association



Membership Application



Personal Information:

Date: _____

Last Name: _____ First Name: _____

Address: _____ Apt/Unit # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

NRHA Membership number: _____ Email Address: _____

Membership: Family \$60.00 _____ Individual \$35.00 _____

Please list Family Information for Family Membership:

Name: _____ NRHA Membership# _____

Name: _____ NRHA Membership# _____

Name: _____ NRHA Membership# _____

Name: _____ NRHA Membership# _____

Name: _____ NRHA Membership# _____

Contact Information

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

WTRHA
c/o Melanie Wilhelm
1450 CR 530 B
Nazareth, TX 79063
Questions: 806-220-8773
mel@WilhelmPerformanceHorses.com

Amount Paid _____ Check Number _____ Date _____