

# 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: Individual \$35.00 \_\_\_\_\_ Family \$60.00 \_\_\_\_\_ Lifetime: \$600 \_\_\_\_\_

Add \$25.00 to be listed as a Trainer/Breeder on our WTRHA website \_\_\_\_\_

**Include business/stallion name, website, contact information:**

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### Please list Family Information for Family Membership:

Name: \_\_\_\_\_ NRHA Membership# \_\_\_\_\_

Name: \_\_\_\_\_ NRHA Membership# \_\_\_\_\_

Name: \_\_\_\_\_ NRHA Membership# \_\_\_\_\_

Name: \_\_\_\_\_ NRHA Membership# \_\_\_\_\_

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

### Contact Information

WTRHA  
c/o Ari Edgmon  
130 Watkins Trail  
Weatherford, TX 76088  
Questions: [telledgmon@yahoo.com](mailto:telledgmon@yahoo.com)

Amount Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_