



Wisconsin Ranch Horse Association

What Are You Waiting For?

Charter of American Ranch Horse Association

www.americanranchhorse.net

Membership Year: _____ (Memberships run from January 1 – December 31)

New Renewal

Name (as it appears on ARHA card): _____

Address: _____

City: _____ State: _____ Zip: _____

ARHA # _____

Phone: () _____ Email: _____

Must be included and legible to receive quarterly newsletter

_____ Single Membership = \$15.00 (Open or Amateur Members)

_____ Family Membership = \$25.00 (Two adults and all children 18 & Under-19 yrs and over require own membership)

_____ Youth Membership = \$10.00 (18 & Under)

Please list all youth member's name and birthdates:

Name:	Birthdate:
_____	_____
_____	_____
_____	_____
_____	_____

MAKE CHECK PAYABLE TO WRHA AND MAIL TO:

Sheila Enright, 6719 Chillems Dr., Spring Grove IL 60081

(Questions: Email Sheila at sjenright@comcast.net or Jo Ellen at wrha2018@gmail.com)

For office use only:

Date membership received: _____ Membership card sent: _____

Check #: _____ Amount: _____ WRHA membership # _____