



Louisiana Reining Horse Association

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
E-mail address: _____
NRHA Membership Number: _____
(The NRHA requires us to send a list of current members along with their NRHA numbers)

Check box: New Renewal

Single Membership: (\$25.00) _____

Family Membership: (\$30.00) _____ (please list names below)

Signed: _____ Date: _____

Please make checks payable to: LRHA

Mail application to:
LRHA
P.O. Box 291
Des Allemands, LA 70030

Office Use Only: Date Paid: _____ Amount: _____
check # _____ Cash: _____ Received By _____