



[www.kansasreining.com](http://www.kansasreining.com)  
2009 Membership application

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Name

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Address

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City

(      )

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Phone

E-mail

Please print email address carefully

For Affiliate requirements please list the **NRHA #** and name for **every family member** who wants *Affiliate points kept*.

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Please **circle yes or no** the **information** you would like **published** on **KRHA website** under "Members".

Name: yes no

Address: yes no

Phone: yes no

E-mail address: yes no

*E-mail newsletter will be sent to all email addresses in lieu of paper copy*

**Membership:**

New \_\_\_\_\_

or

Renewal \_\_\_\_\_

**Dues:**

Single (\$25)

or

Family (\$30)

Send Application and Payment to:

**Lisa Clark, KRHA secretary**

**9719 130<sup>th</sup> Street**

**Valley Falls, KS 66088**