



for office use
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www.kansasreining.com
 2010 Membership application

 Name

 Address

 City
 ()

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*.

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

Membership:	Dues:
New _____	Single (\$25)
or	or
Renewal _____	Family (\$30)

Send Application and Payment to:
Lisa Clark, KRHA secretary
9719 130th Street
Valley Falls, KS 66088