



Yellowstone Reining Horse Association

2026 MEMBERSHIP APPLICATION

This form must be complete to be eligible for year end awards.

Complete this form and mail with your check or money order (payable to YRHA) to:

YRHA • c/o Neya Lahaye • PO Box 233 • Clyde Park MT 59018

Name _____ NRHA Membership # _____

Renewal _____ New Member _____ (all information must be filled out completely)

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail address _____

Memberships

Table with 2 columns: Membership Type and Amount. Rows include Individual \$35, Family \$40, and Joint/Ownership only, \$35.

If Family, please list members, NRHA membership number. Family defined as husband, wife and children who are 18 years old or younger as of January 1 of the year in which the membership is purchased.

Name _____ NRHA # _____

Name _____ NRHA # _____

Name _____ NRHA # _____

Name _____ NRHA # _____

YRHA shows depend on your support. Your donations are greatly appreciated and help make our shows a success. Please indicate your donation amount on the line below:

\$10 _____ \$20 _____ \$25 _____ \$50 _____ \$100 _____ Other _____

Office Use Only

Table with 2 columns: Description and Amount. Rows include Check #, Cash, and Date Received.