



2008- 2009 Membership

Printed Name: _____ ORCHA#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Individual Fee: \$20 or \$15 if you are a current NRCHA Member OR you are applying for membership now.
You must provide your NRCHA membership number below or attach NRCHA Application & Fee.

Family Fee: \$35 or \$30 if any family member is a current NRCHA member OR you are applying for membership NOW.
You must provide your NRCHA membership number below or attach NRCHA Application & Fee.

In the following box, list family members and any membership numbers. Youth: provide age as of 1 Jan for current year.

ORCHA #	Name (Please include age of child as of Jan 1 of the current year)	NRCHA #	AQHA #

Indicate which committees you can help with: Fund Raising/Sponsors Show Committee Awards

Make checks payable to as indicated above. * **DO NOT MAIL CASH** *

Mail to: Ohio RCHA
C/O Carrie McBride
10698 Baldwin Rd
Mount Sterling, OH 43143

Call Carrie McBride with questions
614-519-2809

OFFICE USE ONLY Pd.: Cash _____ Check #: _____ Amount Paid: \$ _____ Renewal / New