



O.R.H.A. Annual Membership Application

All riders and owners of horses competing in ORHA classes must be members of the ORHA.

Name of Applicant _____ NRHA # _____ ORHA # _____ OEF # _____

Is this the first time you have joined the ORHA? Yes No NRHA # _____ OEF # _____
Required for Affiliate points to be submitted.

Address _____ City _____

Province/State _____ Postal Code/Zip Code _____ Cell Number _____

Email Address _____ Home Phone Number _____

Membership Division:

<input type="checkbox"/> Professional Rider \$60.00 plus HST (Total \$67.80) • Please complete the Professional's Form to be added to the Pro's Page <input type="checkbox"/> Non-Pro Rider \$60.00 plus HST (Total \$67.80) <input type="checkbox"/> Horse Owner (non-rider) \$60.00 plus HST (Total \$67.80)	<input type="checkbox"/> Friend / OBBO Associate \$30.00 plus HST (Total \$33.90) <input type="checkbox"/> Life Membership \$600 plus HST (Total \$678) <input type="checkbox"/> Youth \$20.00 plus HST (Total \$22.60) (MM/DD/YYYY) • 18 & under as of December 31, 2018 i.e. born 2000 or later • Youth Committee receives \$5 for each youth membership
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Payment Type:

Cheque Cash Credit Card
 Email Transfer Money Order

Subtotal _____
13% HST (#845852359RT0001) _____
TOTAL _____

*U.S. Memberships at par

I am familiar with the risk of injury and death that any participant in this activity must assume, and I believe that I am physically, emotionally and mentally able to participate in this activity, and that my equipment is mechanically fit for my use in this activity. I also understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with me. Furthermore I understand that conduct of all persons present at ORHA events shall be orderly, responsible, sportsmanlike, and humane in the treatment of horses.

I understand that unsportsmanlike or irresponsible conduct or any other form of misconduct, such as illegal, indecent or profane, and the inhumane treatment of horses – as determined by experienced show organizer/management - is prohibited and shall be grounds for disciplinary action including removal from the event. In addition, if I am requested to leave by event organizers/management I agree to do so immediately and will receive a refund of unused fees paid. The Rule Book is posted on the website, and copies are available at each show, and I agree to read and ensure I understand its content. I agree to abide by the rules and regulations of the Ontario Reining Horse Association.

NOTE Please initial here if you **DO NOT** want your name submitted to Reining Canada _____

(Please note that NRHA forwards its membership list annually to Reining Canada)

As a member you are included in correspondence (newsletters, emails, etc.) from ORHA _____ You do have the option to unsubscribe at any time.

I want to be included in correspondence from ORHA after 2019.

Signature – Applicant _____ Name – please print _____ Date _____

If applicant is under the age of 18: As parent/guardian of the above noted applicant, I have read and understand all of the above and agree to all terms and conditions, and to allow my child to participate in all activities.

Signature – Parent / Guardian _____ Name – please print _____ Date _____

***PLEASE NOTE: An incomplete membership application will not be processed.**

Once properly completed, it will be processed and dated accordingly. This could affect NRHA Affiliate Standings or ORHA year-end standings so it is important that you sign and include all applicable information on this form. Thank You!

Card Type VISA Mastercard

Credit Card # <input style="width: 100%;" type="text"/> Name on Card <input style="width: 100%;" type="text"/> City <input style="width: 100%;" type="text"/> Email <input style="width: 100%;" type="text"/> Date <input style="width: 30%;" type="text"/>	Expiry <input style="width: 50%;" type="text"/> CVV # <input style="width: 30%;" type="text"/> <small>Last 3 or 4 numbers on back of card</small> Address <input style="width: 100%;" type="text"/> Postal Code <input style="width: 20%;" type="text"/> Phone No.: <input style="width: 60%;" type="text"/> Signature _____
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Forward this form to: ORHA c/o Janna Imrie
9077 Wellington Rd 22 RR1 Hillsburgh, Ontario N0B 1Z0
or email Memberships@orha.on.ca