



2018 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 _____ ORHA # _____

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) | <input type="checkbox"/> Friend / OBBO Associate | \$30.00 plus HST (Total \$33.90) |
| • Please complete the Professional's Form to be added to the Pro's Page | | <input type="checkbox"/> Life Membership | \$600 plus HST (Total \$678) |
| <input type="checkbox"/> Non-Pro Rider | \$60.00 plus HST (Total \$67.80) | <input type="checkbox"/> Youth | \$20.00 plus HST (Total \$22.60) <input type="text"/> |
| <input type="checkbox"/> Horse Owner (non-rider) | \$60.00 plus HST (Total \$67.80) | • 18 & under as of December 31, 2015 i.e. born 1997 or later | (MM/DD/YYYY) |
| | | • Youth Committee receives \$5 for each youth membership | |

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 in 2016. You do have the option to unsubscribe at any time.

I want to be included in correspondence from ORHA after 2017.

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 type="text"/>	Expiry	<input type="text"/>	CVV #	<input type="text"/>
Name on Card	<input type="text"/>	Address <input type="text"/>			
City	<input type="text"/>	Postal Code	<input type="text"/>	Phone No.:	<input type="text"/>
Email	<input type="text"/>	Signature _____			
Date	<input type="text"/>				

Last 3 or 4 numbers on back of card

Forward this form to: ORHA c/o Janna Imrie
9077 Wellington Rd 22 RR1 Hillsburgh, Ontario NOB 1Z0
or email Memberships@orha.on.ca