



MWRHA

Midwest Reining Horse Association

2012 Membership Form

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Single (\$20) _____ Family (\$40) _____ Lifetime (\$200) _____

E-Mail: _____

NRHA #(s) _____

Please send completed application and check made payable to:

Midwest Reining Horse Association
c/o Dotty Smith
10615 Illinois St.
Crown Point, IN 46307