

**Central Canada Reining Horse Association**  
2019 MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_  
-to be completed by the riding member    -make additional copies for each individual member

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF OTHER FAMILY MEMBERS: \_\_\_\_\_

\_\_\_\_\_

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MEMBERSHIP FEES:

Individual	\$50.00	_____
Family	\$60.00	_____
Associate	\$25.00	_____
Total		_____

**I hereby apply for membership in, and agree to be bound by the constitution and rules of the Central Canada Reining Horse Association. I have enclosed my 2019 membership fee.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please send this membership form and a cheque payable to the Central Canada Reining Horse Association to the following address:

Central Canada Reining Horse Association  
C/o Bonna Jean Bateman  
Box 8, GRP 570, RR#5,  
Winnipeg, MB R2C 2Z2

[ccrhatreasurer@ccrha.com](mailto:ccrhatreasurer@ccrha.com)

**All members of the Central Canada Reining Horse Association must be members of the Manitoba Horse Council** as the CCRHA is a member of the Manitoba Horse Council.

Are you a member of the Manitoba Horse Council? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, your Manitoba Horse council Number is: \_\_\_\_\_