

**RHANW APPLICATION FOR MEMBERSHIP**  
**www.rhanw.com**

RENEWAL \_\_\_\_\_ PAID: \_\_\_ CASH \_\_\_ CK# \_\_\_\_\_ DATE: \_\_\_\_\_  
NEW MEMBER \_\_\_\_\_  
NON-PRO \_\_\_\_\_

Are you a current NRHA member? Yes \_\_\_ No \_\_\_ NRHA# \_\_\_\_\_  
Social Security #: \_\_\_\_\_ **NOTE: WE NEED SS# FOR ANYONE WHO WINS MONEY**

CHECK APPROPRIATE LINE  
\_\_\_\_\_ \$30.00 Regular Membership \_\_\_\_\_ \$10.00 Spouse Membership  
\_\_\_\_\_ \$ 5.00 Junior Membership (under 18) \_\_\_\_\_ \$45.00 Family Membership  
\_\_\_\_\_ Lifetime Membership. A one-time payment of \$200.00 will constitute a lifetime membership.

PRINT CLEARLY:  
NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

LIST ADDITIONAL FAMILY OR SPOUSE NAMES, NRHA & SOCIAL SECURITY NUMBERS BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAKE CHECKS PAYABLE TO: RHANW  
MAIL TO: RHANW, 12128 N. Division, PMB# 216, Spokane, WA 99218  
Note: All Canadian and Foreign Checks must be made payable in U.S. Funds.  
Money Orders preferred for foreign funds.

---

Please indicate any areas that you would be willing to help out with:

- |                               |                             |
|-------------------------------|-----------------------------|
| ___ Advertising Committee     | ___ Sponsorship/Fundraising |
| ___ Clinic Committee          | ___ Year End & Class Awards |
| ___ Show Committee            | ___ Awards Banquet          |
| ___ Help at one of the shows. |                             |

Please list any comments or suggestions as to how we can improve the RHANW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_