



2012 Membership

Printed Name: _____ ORCHA#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

LIFETIME: \$200

Individual Fee: \$20 or \$15 if you are a current NRCHA Member OR you are applying for membership now.
You must provide your NRCHA membership number below or attach NRCHA Application & Fee.

Family Fee: \$35 or \$30 if any family member is a current NRCHA member OR you are applying for membership now.
You must provide your NRCHA membership number below or attach NRCHA Application & Fee.

In the following box, list family members and any membership numbers. Youth must be 18 or under as of 11/16/10.

ORCHA #	Name	NRCHA #	AQHA #

Make checks payable to: ORCHA
Mail to: Ohio RCHA
PO Box 16023
Columbus, OH 43216

*** DO NOT MAIL CASH ***

Call Carrie McBride with questions
614-519-2809

OFFICE USE ONLY Pd.: Cash _____ Check #: _____ Amount Paid: \$ _____ Renewal / New