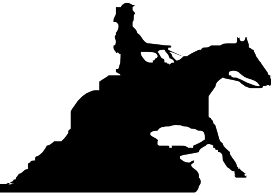


ORHA

Ontario Reining Horse Association



Mail to: Mary Jo MacDonnell
RR # 3
Chatsworth, ON
N0H 1G0

(Please complete form and mail together with cheque payable to ORHA. Thank you)

O.R.H.A. Annual Membership Application – 2010

Name _____ ORHA# _____ New Member

If Applicable: Reining Canada /NRHA # _____ OEF # _____
(NRHA number must be on file with membership secretary if points are to be submitted for NRHA Affiliate finals)

Address _____ City _____

Prov/State _____ Postal Code: _____ Cell (optional) _____

Phone No _____ Email Address _____

Competition Division: Professional Non Pro Beginner Youth/Non Pro Youth

Membership Fee (Adult Competitive) \$65
Friends Membership Fee (Non Competitive) \$45
Youth Membership (18 & Under as of Jan. 1st '09) \$20 (incl. \$5 directly to Youth Committee)
Life Membership \$650

*U.S. Memberships at par
Total Paid _____ Cheque Cash Money Order

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.

With my membership I will receive a rulebook, which I agree to read and ensure I understand. I agree to abide by the rules and regulations of the Ontario Reining Horse Association

Sign Name and Print Name _____ Date _____

If applicant is a minor: Date of Birth _____

As parent/guardian of the above noted applicant I have read and understand all of the above and agree to allow my child to participate in all activities

Parent/Guardian's Signature _____ Print Name _____ Date _____

Membership Form approved by: PAROIAN LAW
Leon Paroian, Q.C.