



Date: _____

2026 Membership Application

Membership Info *please note that owner and rider are required to have a membership to show in the NRCHA Approved Classes. You must be a member to be eligible for year-end awards.

Member Name: _____

Business Name (if applicable): _____

Address: _____

Telephone: _____ Email Address (club use only) _____

☐ Single Membership \$40.00

☐ Family Membership \$55.00

Names of those covered by Family Membership:

RELEASE AND WAIVER OF LIABILITY

I acknowledge that horseback riding is a sport which carries inherent risks of injury and damage to myself, others, horses and property. I KNOWINGLY ASSUME ALL RISKS. In consideration of my participation in this organization, I agree that I will defend, indemnify and hold harmless American Quarter Horse Assn., National Reined Cowhorse Assn., Northwest Reined Cowhorse Assn., and named horse show facility and any agents or employees of the above against all claims, demands and causes of action including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by or prosecuted for my benefit. This agreement is binding on my executors, heirs, and assign. My signature on this membership form acknowledges that I have read this liability release and know and understand its contents.

NRCHA STATEMENT OF ELIGIBILITY

By my signature below, I hereby acknowledge that I meet the criteria for eligibility to compete in the classes entered according to the guidelines set forth in the NRCHA rulebook. This is to insure that competitors are aware of the criteria for the different classes in which they are indeed eligible to compete.

Member

Parent/Guardian of Youth Member

***Please bring completed form to first
show or mail to:
Keri Croft
12295 Dimmick Rd. NE
Woodburn, OR 97071***

For Office Use only

Amount Paid: _____

Date Received: _____

☐ Cash

☐ Check Initials: _____