



## 2026 membership Application

Type of Membership

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

\_\_\_\_\_ INDIVIDUAL \$30.00

\_\_\_\_\_ YOUTH\* \$15.00 - Date of Birth \_\_\_\_\_

*\*Youth must be 18 years of age or younger  
as of January 1, 2025.*

\_\_\_\_\_ PLEASE ACCEPT MY ADDITIONAL ILRHA SPONSORSHIP DONATION OF: \$ \_\_\_\_\_ (Thank you!)  
(Your donation will help us provide trophies, awards, clinics, etc. for our members and is very much appreciated!)

\_\_\_\_\_ I would like to receive an ILRHA window decal.

(PLEASE PRINT CLEARLY)

Name \_\_\_\_\_ NRHA membership # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*

If showing a **LEASED HORSE** you must provide the following information prior to points being awarded. Points will be applied to shows occurring after receipt of the lease information and will not be retroactively calculated for late submissions.

Horse's registered name: \_\_\_\_\_

Lessor's Name: \_\_\_\_\_

Term of lease: Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Mail completed form and payment to:	Nancy Olson
<b>(Checks payable to: ILRHA)</b>	1042 W. Shore Dr.
	Galesburg, IL 61401

RECEIPT (to be completed by ILRHA)

Date Received: \_\_\_\_\_/By: \_\_\_\_\_

Name: \_\_\_\_\_ Cash or Check#: \_\_\_\_\_

Membership Type/Amount paid: \_\_\_\_\_ / \$ \_\_\_\_\_ Sponsorship donation: \$ \_\_\_\_\_

*Thank you for your membership & support of the ILRHA!!*