ILLINOIS REINING HORSE ASSOCIATION

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 _____

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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:	Lori Hedges
(Checks payable to: ILRHA)	3209 Bowwood Dr.
	Springfield, IL 62712

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!!