



South Texas Reining Horse Association 2025 Membership Application

Date _____

Name _____ NRHA # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please check if applicable: _____ I am a Professional Trainer _____ I am a Youth Rider

Type of Membership: _____ \$35 Individual _____ \$60 Family _____ \$300 Lifetime (Individual Only)

Add \$25.00 to be listed as a Trainer/Breeder on the STRHA website.

Please include business name, website, contact information: _____

Additional Names for Family Memberships: (Only Spouses and Children 18 and under qualify as family)

Name	NRHA #	Check if Youth

Year-End Awards and Affiliate Donations (Optional). Please consider donating to the STRHA Awards Fund. These funds directly support our members and affiliate activities. Sponsors will be recognized on the STRHA website:

_____ \$25 _____ \$50 _____ \$100 _____ \$ Other Amount. Please provide how your name/business should appear on the sponsorship page of the STRHA website: (Or note if you prefer to be anonymous.)

Please mail your membership form to: Karla Seale, 142 Bear Springs Trail, Pipe Creek, TX 78063