



Central Kentucky Racking Horse Association

2024 Membership Application

Name: _____

Address: _____

City : _____ State: _____ Zip: _____

● Home Phone: _____

● Business Phone Number: _____

● Barn Phone Number: _____

● Mobile Phone Number: _____

● Email: _____

Family Membership Only: (Spouse and Children 17 and under as of 1/1/24

■ Spouse: _____

■ Children: _____

● _____ New _____ Renewal Individual Memberships \$15

● _____ New _____ Renewal Family Membership \$20 includes children 17 & under

● Anyone 18 years old or older by January 1, 2024 must have an individual membership

● Membership applications must be received by June 1, 2024 to be eligible for high point awards

● Owner, Trainer, and Rider listed on the entry sheet must **ALL** be members to be eligible for high point awards

● Memberships are for calendar year (January -December)

● You must be a member to be eligible to vote at the General Membership Meeting

Make Checks payable to: CKRHA

309 N Jackson Street

Perryville, KY 40468

Internal Use Only:

Date Received: _____ Payment Type: Cash: _____ Check Number: _____ Amount: _____