



Please fill out the form accurately and completely. All names must be listed exactly as they appear on your ARHA membership card. Each adult applicant **MUST** sign. Use only one form per membership type. For family membership with more than three children, additional children must be listed on a separate membership form. By signing you agree to abide by the rules of the American Ranch Horse Association and the Missouri Ranch Horse Association. **YOU MUST HAVE A MoRHA MEMBERSHIP** to qualify for MoRHA year-end awards: Points accumulated before membership is paid are not retroactive.

2026	Membership Type: <small>Does not include online payment fee</small>	<input type="checkbox"/> Individual Adult (\$25)	<input type="checkbox"/> Youth (\$25)	<input type="checkbox"/> Family Membership (\$40)	
Preferred Contact:	<input type="checkbox"/> Email updates	<input type="checkbox"/> Text alerts	<input type="checkbox"/> NEW MEMBERSHIP	<input type="checkbox"/> RENEWAL	
By providing your email or phone number and opting in, you consent to receive communications from the Missouri Ranch Horse Association (MoRHA), including event updates, membership renewals, and promotional messages via email or text. Message and data rates may apply for texts. You can opt out at any time by replying "STOP" to texts or clicking the unsubscribe link in emails.					
Primary Member					
First / Last Name:		ARHA #	Signature:		
Date of Birth:	Phone:	Email:			
Address:		City:	Zip Code:		
Preferred Division:	<input type="checkbox"/> Novice Amateur	<input type="checkbox"/> Amateur	<input type="checkbox"/> Open	<input type="checkbox"/> Select (Amateur 60+)	
Family Membership					
Family Membership includes: One (1) adult primary member, One (1) spouse or domestic partner. Dependent children living in the same household who are 18 years or younger as of January 1 of the current show year. Immediate family only. Extended family members (siblings over 18, cousins, etc.) must hold an individual membership.					
Spouse Information					
First / Last Name:		ARHA #	Signature:		
Date of Birth:	Phone:	Email:			
Preferred Division:	<input type="checkbox"/> Novice Amateur	<input type="checkbox"/> Amateur	<input type="checkbox"/> Open	<input type="checkbox"/> Select (Amateur 60+)	
Youth Information					
Child's Full Name		ARHA#	Date of Birth:		
Preferred Division:	<input type="checkbox"/> Novice Youth	<input type="checkbox"/> Youth	<input type="checkbox"/> Open	<input type="checkbox"/> MoRHA Leadline	<input type="checkbox"/> MoRHA Walk/Woah
Child's Full Name		ARHA#	Date of Birth:		
Preferred Division:	<input type="checkbox"/> Novice Youth	<input type="checkbox"/> Youth	<input type="checkbox"/> Open	<input type="checkbox"/> MoRHA Leadline	<input type="checkbox"/> MoRHA Walk/Woah
Child's Full Name		ARHA#	Date of Birth:		
Preferred Division:	<input type="checkbox"/> Novice Youth	<input type="checkbox"/> Youth	<input type="checkbox"/> Open	<input type="checkbox"/> MoRHA Leadline	<input type="checkbox"/> MoRHA Walk/Woah
MAIL CHECKS TO: Missouri Ranch Horse Association ATT: Treasurer 3305 E Clark Ln Ste D, PMB 111 Columbia, MO 65202 Must include completed 2026 Membership Form			MORE INFORMATION: missouriranchhorseassociation.com secretary@moranchhorse.com Facebook: Missouri Ranch Horse Association		
OFFICE USE ONLY					
DATE RECEIVED:	AMOUNT RECEIVED:	<input type="checkbox"/> SHOW TAB <input type="checkbox"/> CASH		CHECK #:	

