



## Membership Application

Applications received in 2019 will remain valid through December 31, 2020

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth (Youth) \_\_\_\_\_

New Member \_\_\_\_\_ Renewal \_\_\_\_\_

### Membership Level

**Youth (18 or younger)**    \_\_\_ 1 Year                      \$25.00 (January 1 – December 31)  
   \_\_\_ 3 Years                      \$60.00  
   \_\_\_ Thru 18 years of age       \$125.00

**Adult**                            \_\_\_ 1 Year                      \$35.00 (January 1 – December 31)  
   \_\_\_ 3 Years                      \$85.00  
   \_\_\_ Lifetime                      \$500.00

---

### Payment

Check or Money Order Enclosed \_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_

Credit Card \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address For Card \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

---

Cardholder's Signature \_\_\_\_\_

Mail Completed Application To:

WRHA  
P.O. Box 13353  
Scottsdale, AZ 85267