**2024 Membership Form**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City, State, Zip: |  |
| Phone: |  |
| Email Address: |  |

**Membership Type (check one)**

Individual - $30

Family - $50 (includes spouses or parents and children under 18)

|  |  |  |  |
| --- | --- | --- | --- |
|  | PLEASE LIST ALL FAMILY MEMBER NAMES BELOW | | |
|  | Family Member Name |  | Relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please mail the membership form and check to:

RHAN Membership

Rachel Kent

13757 Carson hwy

Fallon NV 89406