**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