



## 2012 AFFILIATE DESIGNATION FORM

***ON THE ROAD TO THE NAAC - DON'T FORGET TO DESIGNATE!***

*Must be received in the NRHA office by August 1<sup>st</sup>.*

In order to qualify for Regional Affiliate Finals (RAF) ALL EXHIBITORS MUST HAVE A PRIMARY AFFILIATE DESIGNATION REGISTERED WITH THE NRHA OFFICE NO LATER THAN AUGUST 1<sup>ST</sup> OF EACH YEAR. This designation must be registered on paper form. Once a designation is registered, it will apply from year to year unless changed by the exhibitor in writing to the NRHA Affiliate Department. Changes must be in place no later than August 1<sup>st</sup>. Those exhibitors that have qualified in the top ten for their circuit and have designated by August 1<sup>st</sup> will be guaranteed their qualifying position. Any new designations or changes to current designations received after August 1st will be accepted until 15 days prior to the entry closing date for respective Regional Affiliate Finals and exhibitors will be allowed to participate in the current year classes. Riders are only eligible to compete in classes they qualified for if there are vacant qualifying positions. If all top ten qualifying positions are filled any new designations or changes made to the designation after August 1<sup>st</sup> will become effective for the next year's qualification period.

Exhibitors must be a current member of the designated affiliate.

NRHA is not responsible for designations that are not received by the deadline (postmarks do not count). Please verify that your designation has been received by the NRHA office.

Affiliate standings are on the NRHA website, [www.nrha.com](http://www.nrha.com). Riders who have not designated and/or belong to more than one affiliate will appear in red. If you have questions, contact the NRHA Affiliate Department at 405-946-7400.

### WHY DESIGNATE?

Designating insures the ability to qualify for regional affiliate finals and ultimately for the NAAC.

Riders may join and support multiple affiliates but can only designate one.

### AFFILIATE DESIGNATION FORM • PLEASE PRINT CLEARLY *(one form per person)*

Name \_\_\_\_\_ NRHA Member # \_\_\_\_\_

Designated Affiliate \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

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

Signature \_\_\_\_\_ Email \_\_\_\_\_