



"EXPERIENCE A TRADITION"

NCRCHA MEMBERSHIP APPLICATION

Expires on January 1st of the new calendar year

Name: _____ Date of Birth (Req if youth) _____

If your current address is on file, you do not need to fill it in again. Address on file []

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ Phone (eve): _____

Fax: _____ Cell: _____

****E-mail:** _____

**Email is the primary correspondence of the NCRCHA, please make sure to provide us with your email address. Information will also be posted on the NCRCHA Facebook page. (Your email address will not be shared with any other groups or organizations.)

Annual Dues for Membership – check one

Family \$35 []

Must live in the same household

Individual \$30 []

Owners Only \$10 []

Owner Upgrade \$20 [] Ind \$25 [] Fam

Required to be an exhibitor

Youth Only \$15 []

Requires signature of parent/guardian below

Youth are non-voting members

**All Owners and Exhibitors Must be Members to Participate
Please Bring Horse Registration and Coggins to Shows**

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

North Central Reined Cow Horse Association www.ncrcha.com

Mail Application and Check to: **NCRCHA c/o Jennifer Fjelstad
19960B 500th St
Scarville, IA 50473**

I am fully aware of the inherent risks of equine activities. All risk of loss or injury to my horse, others or myself is my own. I hereby release the NCRCHA, its Board of Directors and its affiliates from all liability.

Signature _____ Date _____ Parent/Guardian if Applicant is Under 18 Date _____