"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**
8063 N Veta Grande Rd
Scales Mound, IL 61075

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