



2025 Membership Form

CACHC
PO Box 5906, High River, Alberta
T1V 1P6 403-800-2269

New Member Renewal

Contact Name: _____ (Please also fill name below with LTE)
Address: _____
City / Prov: _____ **Postal Code:** _____
Phone: _____ **E-mail:** _____

Family \$75.00
*Must be in the same household

Individual \$ 45.00
*Adult

Youth \$ 20.00
*18 years & younger as of Jan 1

Every member must fill out Eligibility and LTE

Total LTE = CACHC + NCHA combined ~ CACHC Earnings on file at CACHC Office

NCHA (National Cutting Horse Assoc) Earning can be found online - <https://www.nchacutting.com/ncha-shows/secretary-tools/rider-eligibility>

ADULT NAME: _____	<u>Eligibility</u> <input type="checkbox"/> Open <input type="checkbox"/> Non-Pro <input type="checkbox"/> Limit Rider
	NCHA Lifetime Earnings (LTE) \$ _____

ADULT NAME: _____	<u>Eligibility</u> <input type="checkbox"/> Open <input type="checkbox"/> Non-Pro <input type="checkbox"/> Limit Rider
	NCHA Lifetime Earnings (LTE) \$ _____

YOUTH NAME: _____	Date of Birth _____ Age on Jan 1/25 _____
	NCHA Lifetime Earnings (LTE) \$ _____

YOUTH NAME: _____	Date of Birth _____ Age on Jan 1/25 _____
	NCHA Lifetime Earnings (LTE) \$ _____

**Additional Family members – please fill out another membership form, attach it to this form. *Each Adult member MUST sign a Liability Release and Waiver.*

MEMBER LIABILITY RELEASE AND WAIVER

I, the undersigned, acknowledge that competition through the Central Alberta Cutting Horse Club involves an inherent risk of injury and hereby release the Central Alberta Cutting Horse Club and its officers, members, agents, employees, representatives, or any and all of them, from all claims, demands, action, or causes of action, of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue in favor of myself, my heirs, representatives, or dependants, including any loss of property, animate or inanimate, belonging to me or used by me. I hereby assume and accept the full risk of all danger and any hurt, injury, damage, or loss which may occur through and by reason of any matter, thing, condition, negligence, or default, of any person during my involvement in this activity.

The CACHC requires the collection of personal information (as appears on the membership application) for the purpose of providing all privileges and services to their membership. This information will only be used or disclosed as is reasonably expected, necessary, or requested by our membership or the Board of Directors. The CACHC is making every attempt to be in compliance with PIPA. I hereby consent to the collection use or disclosure of all personal information contained on the membership form and the CACHC will only use or disclose such information as is reasonably expected, necessary, or requested.

Member's Signature: _____ **Date:** _____
(After having read the 'Release and Waiver')

Parent/Guardian Signature: _____ **Date:** _____

Onbehalf of Youth: _____
(If the member is under 18 years of age) (After having read the 'Release and Waiver')

****NOTE:** Winnings cheques will only be issued for amounts exceeding \$20 throughout the year.

If my earnings are \$20.00 or less by the end of the year, I will donate it to the CACHC NO Yes Donate

Please DO NOT send forms, cheques, or cash by mail.

Payment for printed membership can be made by cash or cheque at show prior to competing. Alternatively, scan, email, payment via e-transfer.

Payment by: e-Transfer Cheque Cash **Total Enclosed** \$ _____

PAYMENT: CHEQUE PAYABLE TO CACHC OR E-TRANSFER cachc@centralalbertacuttinghorseclub.com

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