



2024 Membership Form

CACHC
 c/o Maria Heintz
 PO Box 5906, High River, Alberta
 T1V 1P6
 403-800-2269

New Member Renewal

Name: _____
 Address: _____
 City / Prov: _____ Postal Code: _____
 Phone: Home: _____ Cell: _____
 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

NCHA Earning can be found online - <https://www.nchacutting.com/ncha-shows/secretary-tools/rider-eligibility>

CACHC Earnings on file at CACHC Office – The Office will fill this in once membership is received.

ADULT NAME: _____ Lifetime Earnings (LTE) \$ _____ NCHA (National Cutting Horse Assoc)	Eligibility <input type="checkbox"/> Open <input type="checkbox"/> Non-Pro <input type="checkbox"/> Limit Rider
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ADULT NAME: _____ Lifetime Earnings (LTE) \$ _____ NCHA (National Cutting Horse Assoc)	Eligibility <input type="checkbox"/> Open <input type="checkbox"/> Non-Pro <input type="checkbox"/> Limit Rider
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YOUTH NAME: _____ Lifetime Earnings (LTE) \$ _____ NCHA (National Cutting Horse Assoc)	Date of Birth _____ Age on Jan 1/24 _____
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**Additional Family members – please fill out another membership form and attach it to this form*
**Each Adult Family member MUST sign a Liability Release and Waiver*

*** Total LTE = CACHC + NCHA combined*

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

On Behalf of: _____

Total Enclosed \$ _____

Payment by: e-Transfer Cheque Cash

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

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