



# 2023 Membership Form

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City / Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Family \$75.00**     **Individual \$ 45.00**     **Youth \$ 20.00**     **Loper \$ 10.00**

Must be in the same household

Western Horse Review Subscription (*Subscriptions end yearly in Jan*) \$13.00

Family Adult Names: \_\_\_\_\_

Youth Name & Date of Birth \_\_\_\_\_

Youth Name & Date of Birth \_\_\_\_\_

Youth Name & Date of Birth \_\_\_\_\_

**PERSONAL SPONSORSHIP OPPORTUNITIES**

\$20     \$50     \$100     \$250(Bronze pk)     Other \$ \_\_\_\_\_

**TOTAL ENCLOSED \$ \_\_\_\_\_**

Check the classes you are eligible for (based on CACHC & NCHA LTE)			
<input type="checkbox"/> Open	<input type="checkbox"/> NP Novice Horse	<input type="checkbox"/> Open Ranch	<input type="checkbox"/> Youth
<input type="checkbox"/> Non-Pro	<input type="checkbox"/> \$2000 Limit Rider	<input type="checkbox"/> NP Novice Ranch	<input type="checkbox"/> Novice Youth
<input type="checkbox"/> Novice Horse	<input type="checkbox"/> \$500 Limit Rider	<input type="checkbox"/> \$2500 Transition	

**PAYMENT: E-TRANSFER CENTRALCUTTERS.CLUBSECRETARY@GMAIL.COM OR CHEQUE PAYABLE TO CACHC**

**MEMBER LIABILITY RELEASE AND WAIVER FORM**

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: \_\_\_\_\_