



Membership Application

New Member ____ OR Renewal ____ (Member #: _____)

Expires November 15th of the calendar year

Name: _____

Business Name: _____

Mailing Address: _____

City: _____ **Prov./State:** _____ **Postal Code:** _____

Phone: _____ **Cell:** _____

Email: _____

Membership Choice (circle one)

Individual/Owner Annual \$30

Family Annual (3 or more members) \$75

Youth Annual \$20

All owners and exhibitors must be members to participate.

Family Members: _____

Date of Birth (if under 18 years): _____

Relationship (to name at the top of the page): _____

(*Please see the other side for signed approval.*)

Canada's Anti-Spam Law

As per Canada's Anti-Spam Law, expressed consent is needed to email or call you regarding NERCHA information and updates. By initialing below, you are giving expressed consent to be contacted by NERCHA Board of Director members regarding the NERCHA. Please note that the NERCHA will be keeping your information confidential by storing it in the organization's Google Drive and will NOT be given out to any third parties without your permission.

I have read the above statement, and yes, the NERCHA can contact me with information related to the NERCHA. _____ (Initial)

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 North Eastern Reined Cow Horse Alliance (NERCHA), its Board of Directors, and its affiliates from all liability.

Signature: _____ Date: _____

Parent/Guardian Signature (for applicants under 18 years): _____

Date: _____