



NCHA LTD T/A

# National Cutting Horse Association

(ABN: 95 623 350 256)



## MEMBERSHIP FORM

**NEW APPLICATIONS & RENEWALS - MEMBERSHIP YEAR: 1st January-31st December 2024**

### 1. MEMBER DETAILS

MR, MRS, MS, MISS (CIRCLE) FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_ MOBILE/PHONE NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### 2. MEMBERSHIP CLASSIFICATIONS (PLEASE CIRCLE)

|   |  |
|---|--|
| <input type="checkbox"/> FULL MEMBERSHIP (INCLUDES CHATTA) <b>\$275.00</b>      | <input type="checkbox"/> CONSTITUENT (2 NAMES – P/SHIPS & ENTITIES, INCLUDES CHATTA) <b>\$275.00</b> |
| <input type="checkbox"/> NEW MEMBER (INCLUDES CHATTA) <b>\$175.00</b>           | <input type="checkbox"/> AFFILIATE - SHOW COMMITTEES (INCLUDES CHATTA) <b>\$320.00</b>               |
| <input type="checkbox"/> INTERNATIONAL MEMBER (INCLUDES CHATTA) <b>\$300.00</b> | <input type="checkbox"/> SOCIAL MEMBERSHIP (INCLUDES CHATTA) <b>\$100.00</b>                         |
| <input type="checkbox"/> PRO TRAINER (INCLUDES CHATTA) <b>\$330.00</b>          | <input type="checkbox"/> LOPER/GROOM MEMBERSHIP <b>\$120.00</b>                                      |

### 3. EVENTS YOU INTEND ON COMPETING IN (PLEASE TICK)

**EVENT: (PLEASE TICK)**

|                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> SNAFFLEBIT | <input type="checkbox"/> OPEN    |
| <input type="checkbox"/> ROOKIES    | <input type="checkbox"/> AMATEUR |
| <input type="checkbox"/> NON PRO    |                                  |

**APPLICATION/S ATTACHED TO THIS FORM**

|  |
|--|
| <input type="checkbox"/> APPLICATION FOR NON PROFESSIONAL CARD |
| <input type="checkbox"/> APPLICATION FOR AMATEUR STATUS        |

### 4. PAYMENT

**PAYMENT METHOD**

Cheque       Credit Card

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_

Card Holders Name \_\_\_\_\_

Card Holders Signature \_\_\_\_\_

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$275.00 | <input type="checkbox"/> \$275.00 |
| <input type="checkbox"/> \$175.00 | <input type="checkbox"/> \$320.00 |
| <input type="checkbox"/> \$300.00 | <input type="checkbox"/> \$100.00 |
| <input type="checkbox"/> \$330.00 | <input type="checkbox"/> \$120.00 |

(PLEASE TICK BOX FOR AMOUNT)

*(1.2% fee applies to credit cards – if the transaction is rejected due to insufficient funds your payment will be considered as invalid and will not be processed)*

Note: Prices Include GST & Personal Accident Insurance. Provides cover for members participating in work (including voluntary) or events (including travel to and from) officially organised by NCHA. This policy offers payments of benefits if an insured person dies, becomes disabled, or suffers from certain conditions as a result of an injury. Insurance cover is subject to the conditions of the policy. All owners & riders require full membership to show in any NCHA Affiliated event other than Snaffle Bit, Rookies. All memberships expire December 31st.

Authorisation: As a member of the NCHA I consent to the use of my name, photo/s & information given by me to the association for publication in NCHA advertising, articles, magazines, websites & printed material. I also consent to my name and contact details being given to sponsors and/or other members of the association upon request.

I/we hereby apply to become a member of NCHA limited trading as the National Cutting Horse Association and acknowledge that I/we have read and accept the Insurance Waiver located on the NCHA website www.ncha.com.au. If I require a copy the NCHA will post this to me at my request. In the event of my/our admission as a member and upon payment of applicable fees, I/we hereby agree to abide by the Constitution and the Rules and Regulations of the National Cutting Horse Association.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SEND THIS FORM TO:**  
**National Cutting Horse Association**  
**PO BOX 3098, WEST TAMWORTH NSW 2348**  
**Ph: 02 6765 9356 • E: admin@ncha.com.au**