

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	E)	
FULL MEMBERSHIP (INCLUDES CHATTA) \$275.0	CONSTITUENT (2 NAMES – P/SHIPS & ENTITIES, INCLUDES CHATTA)	\$275.00
NEW MEMBER (INCLUDES CHATTA) \$175.0	AFFILIATE - SHOW COMMITTEES (INCLUDES CHATTA)	\$320.00
INTERNATIONAL MEMBER (INCLUDES CHATTA) \$300.0	SOCIAL MEMBERSHIP (INCLUDES CHATTA)	\$100.00
PRO TRAINER (INCLUDES CHATTA) \$330.0	0 LOPER/GROOM MEMBERSHIP	\$120.00
3. EVENTS YOU INTEND ON COMPETITING IN (PL	EASE TICK)	
EVENT: (PLEASE TICK)	APPLICATION/S ATTACHED TO THIS FORM	
SNAFFLEBIT OPEN	APPLICATION FOR NON PROFESSIONAL CARD	
ROOKIES AMATEUR	APPLICATION FOR AMATEUR STATUS	
NON PRO		
4. PAYMENT		
PAYMENT METHOD	\$275.00 \$275.00	
Cheque Credit Card		
Credit Card Number / / / / /	Evn Date /	
6 111 11 11	\$300.00 \$100.00	
Card Holders Name	\$330.00 \$120.00	
Card Holders Signature	(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 proce	essed)
NCHA. This policy offers payments of benefits if an insured person dies, bec-or the policy. All owners & riders require full membership to show in any NCHA / Authorisation: As a member of the NCHA I consent to the use of my name, ph- & printed material. I also consent to my name and contact details being giver I/we hereby apply to become a member of NCHA limited trading as the Natio	onal Cutting Horse Association and acknowledge that I/we have read and accept the Insurance Waiver one at my request. In the event of my/our admission as a member and upon payment of applicable fe	e conditions of zines, websites located on the
Signature of Applicant:	Date:	