

NATIONAL CUTTING HORSE ASSOCIATION



2025 MEMBERSHIP FORM

NEW APPLICATIONS & RENEWALS - MEMBERSHIP YEAR: 1ST JANUARY 2025 TO 31ST DECEMBER 2025

MEMBER DETAILS			
\square MR \square MRS \square MS \square MISS			
FIRST NAME:	SURNAME:		
POSTAL ADDRESS:		TOWN:	
STATE:POSTCODE:		MOBILE/PHONE NO:	
DOB:	EMAIL:		
GST REGISTERED: □ NO	☐ YES ABN N	UMBER:	
MEMBERSHIP CLASSIFICATIONS	(PLEASE TICK ONE)		
ALL MEMBERSHIPS INCLU	DE THE CHATTA – E	XCEPT FOR LOPER/GROOM AND DAY/SHOW MEI	MEBRSHIPS.
☐ FULL MEMBERSHIP	\$285	☐ CONSTITUENT (2 NAMES -P/SHIPS & ENTITI	es) \$285
☐ NEW MEMBER	\$200	☐ AFFILIATE – SHOW COMMITTEES	\$325
☐ INTERNATIONAL MEMBER	\$315	☐ SOCIAL MEMBERSHIP	\$110
☐ PRO TRAINER	\$340	☐ LOPER/GROOM MEMBERSHIP	\$120
		☐ DAY/SHOW/CLINIC MEMBERSHIP	\$40
EVENTS YOU INTEND ON COMP	ETITING IN (PLEASI	ЕТІСК)	
□ SNAFFLEBIT □ RC	OKIES [□ OPEN	
☐ NON PRO: You must apply for yo	ur Non Pro Card by fil	ling out the application for a non pro card. It must acco	ompany this form.
☐ AMATEUR: You must apply for an	nateur status by filling	g out an application for amateur status. It must accom	pany this form.
PAYMENT METHOD			
facilities and the said of the facilities of the			□ DIRECT DEPOSIT WESTPAC
CREDIT CARD NUMBER: EXP. DATE:			BSB: 032 621 ACCOUNT: 598072
ARD HOLDERS SIGNATURE:			
icially organised by NCHA. This policy offers payn urance cover is subject to the conditions of the p memberships expire December 31st. Authorisat publication in NCHA advertising, articles, magaz embers of the association upon request. I/we he at I/we have read and accept the Insurance Waiv e event of my/our admission as a member and up	nents of benefits if an in olicy. All owners & rider on: As a member of the ines, websites & printed propers apply to become a er located on the NCHA	r members participating in work (including voluntary) or ever sured person dies, becomes disabled, or suffers from certain as require full membership to show in any NCHA Affiliated eve NCHA I consent to the use of my name, photo/s & information of the increase of my name and contact details being member of NCHA limited trading as the National Cutting Howebsite www.ncha.com.au. If I require a copy the NCHA will be fees, I/we hereby agree to abide by the Rules, Regulations, the sure of the increase of the sure of the s	conditions as a result of an injunt other than Snaffle Bit, Rookion given by me to the associating given to sponsors and/or others. Association and acknowled post this to me at my request
the National Cutting Horse Association. SIGNATURE:		DATE:	