



2024 MEMBERSHIP APPLICATION

MEMBER INFORMATION

MBR

Renewal / Membership Number: _____ How did you hear about us? _____

NEW Member is FREE / Type Individual Business Youth (New includes the online version of the *Cutting Horse Chatter*)

Name: _____ DOB: _____

Ranch, Business, Partnership Name: (requires W9 on file) Email: _____

Street Address: _____ Country: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Primary Phone: _____ Phone Type: Home Cell Secondary Phone: _____

MEMBERSHIP TYPE

Memberships expire December 31, 2024

Renewal- \$100* includes quarterly issues of the *Cutting Horse Chatter* (US & Canada only, International members receive online version)

Youth Renewal- \$25* Age 18 and under, includes youth edition of the *Cutting Horse Chatter*, all other issues available online

This member is a: Trainer Non-Pro Amateur \$2,000 Limit Rider None of these

The rider has the burden of proof that he/she is eligible for any class they enter. (Non-Pro and Amateur must complete the Non-Pro/Amateur application)

CIRCUIT DESIGNATION

Use the address above to assign my circuit I designate the following circuit for 2024: _____

Circuit designation is **NOT RETROACTIVE**- circuit designation above does **NOT apply to HORSES**. To designate a circuit for a **HORSE(S)** you own or if you **PURCHASE** a horse **DURING THE YEAR AND WISH TO CHANGE ITS CIRCUIT**, please email LSMITH@NCHACUTTING.COM

MAKE A DONATION

\$_____ NYCHA* Donations to the NYCHA provide the opportunity for continued education and development of our youth members through leadership & educational activities.

\$_____ NCHA Foundation* Donations to the Foundation assist in their continued efforts to educate our youth, protect the horse, preserve our past, and secure the sport of cutting for future generations.

\$_____ PAC* Donations to the PAC are used by NCHA's Texas Events PAC to support activities promoting legislation in the state of Texas intended to support and enhance the NCHA Triple Crown.

PAYMENT METHOD

Check/Money Order Please send application and payment to: NCHA Membership, File 916204, Dept. 602, P.O. Box 961218, Fort Worth, Texas 76161-9797

Credit Card Number: _____ Exp Date: _____ CVV: _____

Name on Card: _____ ALL payments received by NCHA will be assessed a Non-Refundable Transaction Fee of 3%. NCHA may waive the fee if payment is submitted by check, Wire Transfer or ACH/E-check.

Billing Address: _____ Country: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Signature: _____ Email: _____

*Dues / Payments MAY BE deductible as an ordinary and necessary business expense, however, contributions and gifts to the National Cutting Horse Association are not deductible as charitable contributions for federal income tax purposes. Donations to NCHA Foundation, a 501 (c) (3) charitable organization, are deductible to the extent allowed by law.

REQUIRED SIGNATURE

By establishing or renewing your NCHA membership, or by paying your membership dues, the person making this membership application, including youth and parents where applicable (the "Applicant(s)"), as a condition of membership, expressly consents and agrees to the following: (i) to become familiar with and be bound by the official rules of the National Cutting Horse Association as published on the NCHA website at www.NCHACutting.com; (ii) to have all disputes related to compliance with or violation of the rules resolved by the procedures provided in those rules and that the decisions made by the NCHA in those proceedings will be final and binding; (iii) that the NCHA may give any notice required under NCHA rules via email; (iv) that the Applicant is required to have a current email address on file with the NCHA and to promptly update that email address with the NCHA, if necessary; (v) that Applicant can only receive credentials for electronic voting by email and only at the email address provided to the NCHA by Applicant; (vi) by providing his/her mailing and email addresses, Applicant consents to receive mail and email sent by or on behalf of the NCHA at those addresses related to NCHA business; and (vii) the Applicant has the requisite authority to give such permission to the NCHA to use such email and mailing addresses. If the Applicant(s) is under 21 years of age, an affirmation of the contents in this application by a parent/guardian is required.

Applicant Signature: _____

Youth Signature: _____ Parent Signature: _____