



## APPLICATION FOR NON PROFESSIONAL CARD

Please complete all details  
and return to:

NCHA, PO Box 3098, WEST  
TAMWORTH NSW 2340

Or [admin@ncha.com.au](mailto:admin@ncha.com.au)

I, Mr, Mrs, Ms, Miss (*circle one*) \_\_\_\_\_ (Full name of  
nominee)

Membership No: \_\_\_\_\_ Occupations \_\_\_\_\_

1. Do you or have you ever received any remuneration for teaching, riding or training a cutting horse?  YES  NO

If yes, when was the last time you received such remuneration? \_\_\_\_\_

2. Have you within the last three years ridden a cutting horse in an NCHA Affiliated contest, not owned by you or your family?  YES  NO

If yes, completed the following or attach a separate sheet if necessary

Name of the horse: \_\_\_\_\_ Owner: \_\_\_\_\_

Entry fees paid: \_\_\_\_\_ Expenses paid by: \_\_\_\_\_

Were you paid a fee to show this horse?  YES  NO

If yes, how much? \$ \_\_\_\_\_

Did you receive all or part of premium won?  YES  NO

If yes, how much? \$ \_\_\_\_\_

Did any member of your family receive a fee to train this horse?  YES  NO

If yes, how much? \$ \_\_\_\_\_

3. Do you receive any sources of income for training or showing, conditioning or boarding cutting horses?  YES  NO

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The undersigned agrees to become familiar with and be bound by the rules of the National Cutting Horse Association, and expressly agrees to have all disputes related to compliance with or violation of these rules resolved by the procedures provided in the rules.

I understand that a false declaration will result in suspension of NCHA privileges for a period of a minimum of six (6) months for the first offense. It is the member's responsibility to notify the NCHA office immediately upon any change in his/her Non-Professional/Amateur status. Failure to do so could result in loss of Non-Professional/Amateur status for life.

### OFFICE USE:

Approved for Amateur Status: YES NO Directors Signature: \_\_\_\_\_