

MEMBER DETAILS

☐ MR ☐MRS ☐MS ☐MISS

NATIONAL CUTTING HORSE ASSOCIATION



2025 MEMBERSHIP FORM

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

FIRST NAME:	SURNAME:		
POSTAL ADDRESS:		TOWN:	
STATE:POSTCODE:		MOBILE/PHONE NO:	
DOB: E	MAIL:		
GST REGISTERED: ☐ NO	☐ YES ABN NU	MBER:	
MEMBERSHIP CLASSIFICATIONS			
ALL MEMBERSHIPS INCLUDE	E THE CHATTA – EXC	EPT FOR LOPER/GROOM AND DAY/SHOW ME	MEBRSHIPS.
☐ FULL MEMBERSHIP	\$285	☐ CONSTITUENT (2 NAMES -P/SHIPS & ENTITI	(ES) \$285
□ NEW MEMBER	\$200	☐ AFFILIATE – SHOW COMMITTEES	\$325
☐ INTERNATIONAL MEMBER	\$315	☐ CHATTA MEMBERSHIP	\$110
☐ PRO TRAINER	\$340	+ INTERNATIONAL POSTAGE CALCULATED ON POA LOPER/GROOM MEMBERSHIP	\$120
		☐ DAY/SHOW/CLINIC MEMBERSHIP	\$40
EVENTS YOU INTEND ON COMPE	TITING IN (DIEASET		
□ SNAFFLEBIT □ ROOKIES □ OPEN			
□ NON PRO: You <u>must apply</u> for your Non Pro Card by filling out the application for a non pro card. It must accompany this form.			
☐ AMATEUR: You <u>must apply</u> for amo	ateur status by filling o	ut an application for amateur status. It must accom	pany this form.
PAYMENT METHOD CREDIT CARD			DIDECT DEDOCIT
(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			□ DIRECT DEPOSIT WESTPAC
be processed)			BSB: 032 621
CREDIT CARD NUMBER:		EXP. DATE:	ACCOUNT: 598072
CARD HOLDERS SIGNATURE:			
officially organised by NCHA. This policy offers payme Insurance cover is subject to the conditions of the pol All memberships expire December 31st. Authorisatio for publication in NCHA advertising, articles, magazin members of the association upon request. I/we here that I/we have read and accept the Insurance Waiver	ents of benefits if an insur licy. All owners & riders ronn: As a member of the Notes, websites & printed metally apply to become a merocated on the NCHA we	nembers participating in work (including voluntary) or ever ed person dies, becomes disabled, or suffers from certain equire full membership to show in any NCHA Affiliated eve CHA I consent to the use of my name, photo/s & informati laterial. I also consent to my name and contact details bein ember of NCHA limited trading as the National Cutting Ho ebsite www.ncha.com.au. If I require a copy the NCHA will ees, I/we hereby agree to abide by the Rules, Regulations,	conditions as a result of an injury, ent other than Snaffle Bit, Rookies, ion given by me to the association ng given to sponsors and/or other price Association and acknowledge I post this to me at my request. In
SIGNATURE:		DATE:	