



NCHA Limited t/a  
**National Cutting Horse Association**

**APPLICATION FOR MEMBERSHIP OF ASSOCIATION**

NCHA memberships are valid from 01 January to 31 December 2019



**FOR NEW APPLICATIONS AND RENEWALS**

Mr, Mrs, Ms, Miss (circle) First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Postal Address \_\_\_\_\_ Town \_\_\_\_\_  
 State \_\_\_\_\_ P/c \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mobile \_\_\_\_\_ Email \_\_\_\_\_

**Membership Classifications** – Please indicate membership renewal type required by ticking the applicable box:

Full (Includes Chatta)	\$250 <input type="checkbox"/>	Constituent (p/ships & syndicates, Includes Chatta)	\$250 <input type="checkbox"/>
First Time Member (Includes Chatta)	\$125 <input type="checkbox"/>	Affiliate (Show Committees, Includes Chatta)	\$320 <input type="checkbox"/>
International (Includes Chatta)	\$300 <input type="checkbox"/>	Youth (non-voting)	\$100 <input type="checkbox"/>
Family (2 Adults & all youths, Includes Chatta)	\$500 <input type="checkbox"/>	Chatta Subscription (12 months)	\$90 <input type="checkbox"/>

Please provide the names and date of birth details for all family members to be included on the membership.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please tick what type of events you intend on competing in:**

Snaffle bit  Rookies  Youth  Non Pro  Amateur  Open  N/A

Are you currently approved and wish to maintain Non Pro Status? Yes  No

Are you currently approved and wish to maintain Amateur Status? Yes  No

Applications attached to this form Non Pro  Amateur

**Note: Prices Include GST & Personal Accident Insurance.** Provides cover for members participating in work (including voluntary) or events (including travel to and from) officially organised by NCHA. This policy offers payments of benefits if an insured person dies, becomes disabled, or suffers from certain conditions as a result of an injury. Insurance cover is subject to the conditions of the policy. All owners & riders require full membership to show in any NCHA Affiliated event other than Snaffle Bit, Rookies and Youth. Youth Memberships cover youth entries only. All memberships expire December 31st.

**Authorisation:** As a member of the NCHA I consent to the use of my name, photo/s & information given by me to the association for publication in NCHA advertising, articles, magazines, websites & printed material. I also consent to my name and contact details being given to sponsors and/or other members of the association upon request.

I/we hereby apply to become a member of NCHA Limited trading as the National Cutting Horse Association and acknowledge that **I/we have read and accept the Insurance Waiver** located on the NCHA website [www.ncha.com.au](http://www.ncha.com.au). If I require a copy the NCHA will post this to me at my request. In the event of my/our admission as a member and upon payment of applicable fees, I/we hereby agree to abide by the Constitution and the Rules and Regulations of the National Cutting Horse Association.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Payment Method (International Memberships must pay by Credit Card)**

Direct Debit  Cheque  Money Order  Credit Card

Direct Deposit details: BSB: 032-621 ACC: 598072 Reference: *Your Surname* Membership

(1.5% 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 processed)

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_

Card Holders Name \_\_\_\_\_ Card Holders Signature \_\_\_\_\_

**PLEASE SEND THIS FORM TO:**  
**National Cutting Horse Association**  
**PO BOX 7092 NEMSC, TAMWORTH NSW 2348**  
 Ph 02 6765 9356 ♦ Fax 02 6765 9354 ♦ E [admin@ncha.com.au](mailto:admin@ncha.com.au)