NATIONAL CUTTING HORSE ASSOCIATION

2027 AFFILIATE MEMBERSHIP FORM

NEW APPLICATIONS & RENEWALS – MEMBERSHIP YEAR: 1ST JANUARY 2027 TO 31ST DECEMBER 2027

AFFILIATE DETAILS

☐ AFFILIATE – SHOW COMMITTEES $340.00

AFFILIATE NAME: _____

POSTAL ADDRESS: _____ TOWN: _____

STATE: _____ POSTCODE: _____

EMAIL: _____

ABN: _____ GST REGISTERED: ☐ NO ☐ YES

AFFILIATE INFOMATION

☐ **iCompete FINANCIAL** (Take payments on iCompete for entries)

OFFICE BEARERS

POSITION	NAME	PHONE	EMAIL
PRESIDENT	_____	_____	_____
TREASURER	_____	_____	_____
SECRETARY	_____	_____	_____

PAYMENT METHOD

☐**CREDIT CARD**

***(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 be processed)*

CREDIT CARD NUMBER: _____ EXP. DATE: _____

CARD HOLDERS SIGNATURE: _____

☐**DIRECT DEPOSIT**

WESTPAC
BSB: 032 621
ACCOUNT: 598072

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. 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. 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 Rules, Regulations, Constitution and Code of Conduct of the National Cutting Horse Association.

SIGNATURE: _____ **DATE:** _____

NAME: _____

PLEASE RETURN FORM TO: admin@ncha.com.au

All details must be filled in correctly before returning to the NCHA Office