



MEMBERSHIP FORM

Return to: 112 Douglas Track Speewah
Kuranda Nth Qld 4881
Phone: 40930524 / 40930667 / 40930264
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APPLICATION FOR MEMBERSHIP

MR
MRS
MS
MISS

(Full name of Applicant)

I,

Address:.....

Phone: (Home).....(Business/Mobile).....(D.O.B).....

Email:.....

Hereby apply to become a member of the NORTH QLD CUTTING HORSE ASSOCIATION INC. In the event of my admission as a member, I agree to be bound by the Rules of the NCHA & NQCHA Inc.

SIGNATURE OF APPLICANT:.....DATE:.....

Membership status: Youth: \$15.00 Single: \$30.00 Family: \$50.00

Family membership: NAMES.....
.....
.....

Are you a member of the NCHA? YES (If yes, please provide NCHA Number.....) NO

Membership Type:..... Category:.....

Are you a member of any other affiliate club? YES NO

Name of Horse/s:.....

Riders under 18 years of age, authorised to compete by Parent or Guardian:

Name of Rider:.....Age:.....

Name of Parent or Guardian:.....Signature:.....

As a member of the NQCHA Inc, I agree to abide by the Rules and Regulations. I also agree to sign the waiver. As the Participant I acknowledge that during all times whilst attending any recreational activity held by the NQCHA Inc, that I do so at my own risk. I also acknowledge that other people in my care and control will not hold the Provider ie: NQCHA Inc or any associated members, employees, or agents, liable for any personal injury or breach of contract.

By signing this Membership Form, I understand that I and (or) my dependants waive our rights to sue the Provider for any losses both personal or physical that result from any negligence caused by the Provider.

Name: (In full).....Signature:.....