**MEMBERSHIPS: (As determined at the 2020 AGM)**

Founding Family/Breeder- $75 Founding Individual/Breeder- $40

Yearly Family- $100 Yearly Individual- $50 Yearly Youth- $25

**\*Founding Memberships\*** applies only to those who purchased Founding Memberships in 2005

\*Please Print\*

**NAME:** (Competitor or Ranch/Farm):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horse Council # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horse Council # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horse Council # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horse Council # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth #3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horse Council # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth #4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horse Council # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If Horse council is NOT Manitoba, Please Specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE: \_\_\_\_\_\_\_\_\_ POSTAL CODE:\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Delete Clause A if applicant is under legal age. Note: If applicant is under legal age, both parents or the guardian having legal custody of said applicant must sign this form.*

1. I hereby warrant and represent that I am 18 years of age or older:

**Signature #1:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I understand that in order to compete in a CCHA event, I must have a current MHC (or equivalent) membership.

**Signature #1:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. It is hereby agreed that if the CCHA grant the applicant membership, the undersigned will accept full responsibility for release and save harmless the CCHA, all directors, and committees from all losses or damage incurred which the applicant may cause to other persons or property while participating or in any Cow Horse Event approved by the CCHA.

**Signatures:**

APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_