



**Western States Cutting Horse Association
2019 Membership Application**

Membership Effective Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ e-mail: _____

NCHA # _____ SSN: _____

Single Membership (\$30) _____ Family Membership (\$45) _____

Voluntary Awards Donation (\$20) _____

Please make check payable to WSCHA and remit to:

WSCHA, PO BOX 199 Cortez CO 81321

PLEASE NOTE: Membership must be paid prior to showing for earnings to count toward WSCHA year-end awards. Both owners and riders must be members.

WARNING: Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Pursuant to Section 13-21-120. Colorado Revised Statutes.

Signature Owner/Exhibitor _____ Date _____

Signature Owner/Exhibitor _____ Date _____