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**Western States Cutting Horse Association  
2018 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 \_\_\_\_\_