



Leon County Horsemen's Association 2022 Membership Form

*Please make your check payable to LCHA and give to any LCHA Board member or mail to:
LCHA, P.O. Box 7564, Tallahassee, FL 32314-7564.*

Primary Name: _____ **DOB:** _____

Address: _____

Phone(s): _____

E-mail: _____ **Occupation:** _____

NOTE: LCHA frequently uses e-mail as a way to communicate with our members. Please make sure you keep your e-mail address updated to ensure you receive all messages.

Type of Membership: **Family - \$45.00** **Individual - \$30.00**

Family Member(s): *(use back if needed)*

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Number of Horses Owned and their Breeds: _____

Events You/Your Family Show In: *(check all that apply)*

Halter **English** **Western** **Gaited** **Speed/Timed Events**

By signing this application, I/we agree to abide by all Bylaws, rules, and regulations governing the Leon County Horsemen's Association, conduct myself in a sportsman-like manner at all times, and maintain status as a member in good standing as described in the LCHA Bylaws. I/We acknowledge Florida Statute Section 773.02, which states that "...an equine activity sponsor...shall not be liable for an injury to or death of a participant resulting from the inherent risks of equine activities..."

If application is for a Family Membership, all applicants over the age of 18 must sign.

Signature **Date** _____ **Signature** **Date**

Signature **Date** _____ **Signature** **Date**

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|--|-------------------------------|
| LCHA USE ONLY: | |
| Date Membership Received: _____ | Amount Received: _____ |