Please make you	Leon County Horsemen's Association 2023 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. DOB:		
Address:			
Phone(s):			
E-mail:	Occupation:		
NOTE: LCHA frequently uses e-mail as a way to communicate vupdated to ensure you receive all messages.	with our members. Please make sure you keep your e-mail address		
Type of Membership: 🛛 📮 Family - \$45.0	00 🔲 Individual - \$30.00		
Family Member(s): (use back if needed)			
Name:	DOB:		
Name:	DOB:		
Name:	DOB:		
Name:	DOB:		
Name			
Number of Horses Owned and their Breeds:			
Events You/Your Family Show In: <i>(check all that a</i> Halter English Western D	pply) Gaited 🖵 Speed/Timed Events		
	ll Bylaws, rules, and regulations governing the Leon County man-like manner at all times, and maintain status as a		

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
LCHA USE ONLY: Date Membership Received:		Amount Received:	