Membership Form

Annual Membership Fees

Individual Membership \$25 _____ Family Membership \$45 _____ Youth Membership \$15 _____



Member Contact Information – please print clearly				
Name:				
Address:				
City:	State:	ZIP		
Phone Number:	Email:			

List all Members included in Membership				
Name – one per line	Proposed Rating	Signature of Member or Parent or Guardian		

☐ By signing above, I state the following to be true:

- ✓ I have read the membership terms, rules, and conditions of Minnesota Sorting Cow Horse Association and I agree to abide by them.
- ✓ In agreement, I hold Minnesota Sorting Cow Horse Association, and affiliates to the MNSCHA, harmless and not liable for accident, injury, or theft to person or property.
- ✓ I have read the Minnesota Sorting Cow Horse Association rider rating system and understand that any falsification of earnings could result in disciplinary action which may include raising the participant rating to the appropriate rating, forfeiture of participant's earnings, forfeiture of qualifying shows, suspension, and/or fining the participant.
- ✓ I understand that if I want my horse's earnings registered and tracked, I will register my horse with the Minnesota Sorting Cow Horse Association and verify my earnings after every show.

For official MNSCHA use only					
Rider Name	Official MNSCHA Assigned Rating	MNSCHA Official's Signature	Approval Date		