

Membership Form

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|-----------------------|------|----------------------|
| Individual Membership | \$25 | <input type="text"/> |
| Family Membership | \$45 | <input type="text"/> |
| Youth Membership | \$15 | <input type="text"/> |



Member Contact Information — please print clearly

Today's Date: _____

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 |
|---------------------|-----------------|---|
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- 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.

For official MNSCHA use only

| Rider Name | Official MNSCHA Assigned Rating | MNSCHA Official's Signature | Approval Date |
|------------|---------------------------------|-----------------------------|---------------|
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