

Membership Form



Annual dues are \$50 per family
(Spouse and children under 18 years old)
Memberships are good for the calendar year in which they are paid

Member Name/s: _____

Ranch/Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____

Cell Phone: _____

Email: _____

(you will automatically be added to our email newsletter list to receive advance show information)

NRCHA Member# (if applicable): _____

Your input and participation help make our organization even better! Please check any that apply.

What are your areas of Interest: Showing Clinics Youth Classes Rancher Classes

Are you interested in promoting your:

Stallion Ranch Training business Related Business Horses/Colts for sale

Other: _____

Would you be interested in helping at our shows with:

Set up/Take down Bit checks Working gates Scribing

Let us know if you would like to participate on any of our committees:

Fund Raising Sponsorships Awards Shows/Cattle

Board Position

Please sign above

In signing this Membership form, I understand that all horse-related activities are inherently dangerous and I do hereby release and hold harmless the Central Montana Reined Cow Horse Association, the Event Host, and any and all persons connected with the same, from any and all liability in connection with the Reined Cow Horse competitions or activities thereof.

Please make checks out to: CMRCHA

Please mail completed forms and dues to: Dave Clark
PO Box 194
Boyd, MT 59013