

2025 WVCHA Membership Application New/Renewal

Member Information

Individual Name: Ranch, Business, Partnership (Require		
Street Address:		
	State:	Zip Code:
Primary Phone Number		
Secondary Phone Number		Landline□Mobile □
Email Address:		
Would you like to sign up for WVCHA Yes□ No□	email informational	packets, updates, newsletters, etc.
Membership Type		Membership Expires December 31, 2023
New Member Renewal Membership Membership Number Adult \$30.00 Youth \$10.00 Trainer Non-Pro Amateur Youth Other (If selected please comment below) Comments:		
<u>Donation</u>		
Would you like to make a donation: Y	∕es□ No□	
Amount:		

*Donations to the foundation assist in their continued efforts to educate spectators and members, project the welfare of the animals, preserve the history, and secure the sport of cutting for future generations.

Payment Method

Please send payment and application to: West Virginia Cutting Horse Association, 103 Heavenly Meadows Lane Bridgeport, WV 26330 Or mail check and email application to: info.wvcha@gmail.com. Check/Money Order □ *Dues / Payments MAY BE deductible as an ordinary and necessary business expense, however, contributions and gifts to the West Virginia Cutting Horse Associations are not deductible as charitable contributions for federal income tax purposes. By establishing or renewing your WVCHA membership, or by paying your membership dues, the person making this membership application, including youth and parents where applicable (the "Applicant(s)"), as a condition of membership, expressly consents and agrees to the following (i) to become familiar with and be bound by the official rules of the West Virginia Cutting Horse Association as published on the WVCHA website at wvcuttinghorseassociation.com; (ii) to have all disputes related to compliance with or violation of the rules resolved by the procedures provided in those rules and that the decisions made by the WVCHA in those proceedings will be final and binding; (iii) that the WVCHA may give any notice required via email; (iv) that the Applicant can require to have a current email address on file with the WCVHA and to promptly update that email address with the WVCHA, if necessary; (v) by providing his/her mailing and email addresses, Applicant consents to receive mail and email sent by or on behalf of the WVCHA at those addresses related to WVCHA business; and (vi) the Applicant has the requisite authority to give such permission on the WVCHA to use the email and mailing addresses. If the Applicant is under (21) years of age, an affirmation of the contents in the application by parent/guardian is required. Application Signature:

Youth Signature: ______ Parent/guardian Signature _____