



2024 WVCHA Membership Application New/Renewal

Member Information

Individual Name: _____ DOB _____
Ranch, Business, Partnership (Requires W9 on file) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number _____ Landline Mobile

Secondary Phone Number _____ Landline Mobile

Email Address: _____

Would you like to sign up for WVCHA email informational packets, updates, newsletters, etc.

Yes No

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: _____

Donation

Would you like to make a donation: Yes 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 _____