

MONTANA CUTTING HORSE ASSOCIATION



2017 - MEMBERSHIP APPLICATION

PLEASE COMPLETE SECTIONS 1-3 BELOW



#1

Print or type	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box:	<input type="radio"/> Individual/ Sole proprietor <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Other <input type="radio"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	Montana Cutting Horse Association, Inc. 116115 S. Buxton RD Butte, MT 59750
	Email	Phone
	NCHA Number	Birthdate (for youth) Sr. (14-18) <input type="radio"/> Jr. (13 & under) <input type="radio"/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see www.irs.gov. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on www.irs.gov. **Note.** If the account is in more than one name, see the www.irs.gov for guidelines on whose number to enter.

Social security number	+	+
or		
Employer identification number	+	

Checks cannot be issued unless your valid Tax ID number is on file.

#2 Voting Preference:

- () Vote by email
 () Vote by paper ballot

#3 Release from Liability and Waiver of Responsibility

As a condition to participate in this event, the NCHA, its affiliates, and their respective show producers, directors, officers, employees, members, agents and representatives ARE HEREBY RELEASED from all claims, demands, or causes of action of any kind or nature whatsoever; whether now existing or to hereafter accrue, on account of any damage, cost or expense (i) AS A RESULT OF ANY BODILY INJURY, LOSS OR DAMAGE TO ANY ANIMALS, EQUIPMENT OR OTHER PERSONAL PROPERTY FROM ANY CAUSE WHATSOEVER INCLUDING, BUT NOT LIMITED TO, THE SOLE OR CONCURRENT NEGLIGENCE OF NCHA, ITS AFFILIATES AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES; or (ii) as a result of the interpretation or enforcement of the NCHA or MCHA Constitution, Bylaws, Rules or Regulations and the risk of any such damage, costs or expense which may occur by reason of foregoing is hereby assumed and accepted. This waiver is binding on the undersigned as well as all riders, grooms and other helpers associated with the participation of the horse(s) described herein in this event and the undersigned indemnifies the NCHA and MCHA from all claims, demands, or causes of action based on any of the foregoing.

Signature _____ Date _____
 Signature _____ Date _____

Membership Rates

- * \$35 Individual
- * \$50 Family (Immediate family members to include Husband, Wife, and Children)
- * \$10 Youth (18 and under)

Make membership check payable to MCHA and send to:

MCHA
 % Sara Pahlke
 116115 S Buxton RD
 Butte, MT 59750

Horse owner and rider must be paid MCHA members prior to entering the show pen for earnings in any class including youth to count towards year-end standings and awards.

Youth Scholarship Donations

* If you would like to donate, please make donation check payable to "Angela Bauer Youth Scholarship Fund" and send to:

Kathy Foote
 252 Convict Grade Road
 Livingston, MT 59047