

MONTANA CUTTING HORSE ASSOCIATION

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
	Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	City, state, and ZIP code		Montana Cutting Horse Association, Inc. PO Box 435 Fromberg, MT 59029
	Email		Phone
NCHA Number		Birthdate (for youth) <input type="radio"/> Sr. (14-18) <input type="radio"/> Jr. (13 & under) <input type="radio"/>	

Part I Taxpayer Identification Number (TIN)

Social security number
OR
Employer identification number

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.

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

#2 Voting Preferences:

- 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. *****If Contestant is under 21 years of age, both contestant and parent or legal guardian must sign this form.*****

Signature _____ Date _____

Signature _____ Date _____

Please Check Membership Type: \$35 Individual \$50 Family (Immediate family members to include Husband, Wife, and Children)
 \$10 Youth (18 and under)

If family membership, please list additional family members:

Name:	NCHA#	Soc. Sec. #
1)		
2)		
3)		
4)		

Please make checks payable to: **MCHA c/o Kelly Fraser PO Box 435 Fromberg, MT 59029**

-OR- If paying by credit card: *Visa MasterCard Discover Card American Express*

Card #: _____ Exp Date: _____ 3 Digit Code: _____

Name on Card _____ Signature: _____

Card Billing Address (if different from above): _____