

WYOMING CUTTING HORSE ASSOCIATION

Membership Application Form

\$35.00 Individual,

\$50 Family (Husband, Wife, Children under 19)

\$5 Youth

Name _____ NCHA # _____

Address _____

City _____ State _____ Zip _____

Phone _____ SS# _____

Email _____

Would like to receive news from WCHA via email: YES NO

Family member covered

(1) _____ Male/Female _____ AGE _____

(2) _____ Male/Female _____ AGE _____

(3) _____ Male/Female _____ AGE _____

(4) _____ Male/Female _____ AGE _____

(5) _____ Male/Female _____ AGE _____

New _____ Renewal _____

Signature of Applicant: _____

Date of Application: _____ By Mail _____ At Show _____

Mail to: WCHA P.O. Box 332, Saratoga, WY 82331

Office Use ONLY: Check # _____ Cash _____ Date Sent To WCHA _____