



**NEW ZEALAND CUTTING HORSE ASSOCIATION INCORPORATED**  
**APPLICATION FOR MEMBERSHIP & RENEWAL**

NZCHA memberships are valid from 1st July 2023 to 30th of June 2024 upon payment.

Mr, Mrs, Ms, Miss (circle) First Name \_\_\_\_\_ Surname \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Bank account details: Name of bank account: \_\_\_\_\_

Account Number: \_\_\_\_\_

<b>Membership type</b> – Please indicate membership renewal type required by circling the applicable type:			
Full Competing Member <small>(Points recorded, 1 vote)</small>	\$125	First Time Member <small>(points recorded, 1 vote, may not stand for council)</small>	\$80
Non-Competing Member <small>(1 vote, if qualified on judges list, may judge )</small>	\$40	Affiliate Membership <small>(Club or Organisation, 1 vote, NZCHA Insurancecover.</small>	\$85
Family Membership <small>(full rights for two competing members including their children under 18, Youth may not vote)</small>	\$250	Constituent Member <small>(Company; Incorporation; Partnership, 1 vote)</small>	\$125
Youth Membership <small>(Points recorded, no vote, may only compete in youth division)</small>	\$35	Honorary Life Member <small>(Inducted by nomination – Full competing members rights for life )</small>	\$0
Please provide the names of all family and constituent members to be included on the membership. (Please continue on another page if required).			
Name _____		Date of Birth (youth only) _____	
Name _____		Date of Birth (youth only) _____	

**Authorisation:** As a member of the NZCHA I consent to the use of my name, photo/s & information given by me to the association for publication in NZCHA advertising, articles, chatter, website, social media platforms & printed material. I also consent to my name and contact details being given to sponsors and/or other members of the association upon request. These consents are given in accordance with the Privacy Act 2020, **unless withdrawn in writing.**

**Photography Authorisation:** you are consenting to any photo\* that the NZCHA is using in its Media which includes but is not limited to the Chatter and Website. Consent can only be removed in writing.

\* (Any photo includes all photos from any photographer, a fellow member, an affiliate club or even a Spectator)

**Liability Waiver, Declaration and Signature** By Signing  
this agreement I understand that that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a degree of risk These activities may  
cause me and my dependants personal injury or death. By signing this agreement I understand that I and my dependants waive our rights to sue the Provider ( New Zealand Cutting Horse Association Incorporated and its Affiliates) for losses relating to me and / or my dependents personal injury or death that result from any negligence caused by the Provider. I also agree and understand that I am bound by the Rules, Regulations, By-Laws and Constitution of the New Zealand Cutting Horse Association Incorporated.

**Print Name:** \_\_\_\_\_

**Signature of Applicant/s:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Payments can be made online to: **NZCHA** # 03 – 0430 – 0170253 – 00  
**Please use the following: Particulars** (Your Name) **Reference** (NZCHA MBRSHHP)

**PLEASE SEND THIS FORM TO: NZCHA Secretary at [nzcutting@outlook.com](mailto:nzcutting@outlook.com)**