



# NEW ZEALAND CUTTING HORSE ASSOCIATION MEMBERSHIP APPLICATION 2020-2021

Name: \_\_\_\_\_ Competitor: Yes/No

Name 2 : ( Joint applications) \_\_\_\_\_ Competitor: Yes/No

Children Names & DOB's for Family Membership: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Competing members could you please provide a bank details for National Finals & Futurity payouts:

Name of Bank Account: \_\_\_\_\_

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

**Please tick Membership required**

- Full Competing Membership \$ 140 Points recorded, 1 vote
- Joint Membership \$ 170 Husband/wife, or defacto of more than 2yrs standing. Rights of two full competing members
- First Season Membership \$ 70 Points recorded, 1 vote, unable to stand for council
- Youth Membership \$ 35 DOB \_\_\_/\_\_\_/\_\_\_ 18 Years & Under, Points recorded, no vote, may only compete in Youth events
- Family Membership \$ 190 Full rights for two full competing members, including their children (Youth may not vote)
- Restricted Membership \$ 40 Regular Newsletter, 1 vote, if qualified on Judges list – may judge.
- Constituent Membership \$ 150 Company; Incorporation; Partnership, 1 vote
- Life Membership \$1400 Full members rights for Life, newsletter for 10 years
- Honorary Life Member \$0.00 Inducted by nomination – Full members rights for Life
- Affiliated Club \$ 85 Club or organisation, 1 vote, approved events covered by NZCHA Insurance

**Liability Waiver**

I acknowledge that during all times while attending NZCHA and affiliated activities that I do so at my own risk and that I and other people in my care and control will not hold the NZCHA or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the NZCHA, its employees or agents howsoever caused or otherwise. I acknowledge that in the event that I or any of the other people in my care and control find either or any of them in difficulty that I am to stop the activity, or request that the activity be stopped if appropriate and seek help and/or assistance and advice. By signing this form I understand that I and my dependants waive our rights to sue the NZCHA for losses relating to my and or my dependants personal injury or death that result from any negligence caused by the NZCHA.

**Privacy Act**

The NZCHA policy is to accept that members have consented to the collection of details for the purposes of a membership and registration record, and for it to retain, use and disclose these to NZCHA areas and any other person or organisation as required. This consent is given in accordance with the Privacy Act 1993, unless withdrawn in writing.

I/we if accepted as a member/s agree to abide by the constitution, rules and regulations of the New Zealand Cutting Horse Association Inc.

Signed: \_\_\_\_\_ Joint: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PAYING WITH ENCLOSED CHEQUE FOR \$ \_\_\_\_\_

**OR**

PAYING ONLINE TO NZCHA

(made out to NZCHA) to:

NZCHA Treasurer

Julie Gregory

331 Oruanui Rd

RD4,

Taupo, 3384

03 0430 0170253 00

REF 1: Your name 2: Membership type

email form if paying online to:

juliesteve7@gmail.com

**Competing members** – Please note to be eligible to compete at the NZCHA National Finals show you must be a financial competing member of one of the 4 NZCHA affiliated clubs.

**Office Only:** Membership Number allocated: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_