



**NZCHA INC.**  
**NEW ZEALAND CUTTING HORSE ASSOCIATION INCORPORATED**  
**APPLICATION FOR MEMBERSHIP**

NZCHA memberships are valid from 1<sup>st</sup> August 2021 to 31<sup>st</sup> of July 2022  
**FOR NEW APPLICATIONS AND RENEWALS**

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

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

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

**Membership type** – Please indicate membership renewal type required by ticking the applicable box:

Full Competing Member  \$125  
(Points recorded, 1 vote)

First Time Member  \$80  
(points recorded, 1 vote, may not stand for council)

Non-Competing Member  \$40  
(1 vote, if qualified on judges list, may judge)

Affiliate Membership  \$85  
(Club or Organisation, 1 vote, NZCHA Insurance cover for approved events)

Family Membership  \$250  
(full rights for two competing members – including their children under 18, Youth may not vote)

Constituent Member  \$125  
(Company; Incorporation; Partnership, 1 vote)

Youth Membership  \$35  
(Points recorded, no vote, may only compete in youth division)

Honorary Life Member  \$0  
(Inducted by nomination – Full competing members rights for life)

Day Fee Member  \$20

Affiliated club acknowledgement  **(Clubs may use Association assets at no cost, but will replace or repair such asset if damaged)**

*Please provide the names of all family and constituent members to be included on the membership, please continue on back of page if required).*

Name \_\_\_\_\_ Date of Birth (youth only) \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth (youth only) \_\_\_\_\_

**Please include your Bank account details for any National Finals & Futurity show pay-outs:**

Name of bank account: \_\_\_\_\_

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

I wish to receive my Chatter via: Email or Post (circle one)

**COMPETING MEMBERS** – please note to be eligible to compete at the NZCHA National Finals Show, you must be a financial member of one of the 4 (four) NZCHA Affiliated Clubs.

**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.

**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. This consent is given in accordance with the Privacy Act 2020, unless withdrawn in writing.

I/we hereby apply to become a member of the New Zealand Cutting Horse Association Incorporated trading as NZCHA and acknowledge that **I/We have read and accept the Liability Waiver** located on this form. In the event of my/our admission as a member and upon payment of applicable fees, I/we hereby agree to abide by the Constitution and the Rules and Regulations of the New Zealand Cutting Horse Association Incorporated.

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 MBRSHP)**

**PLEASE SEND THIS FORM TO:**

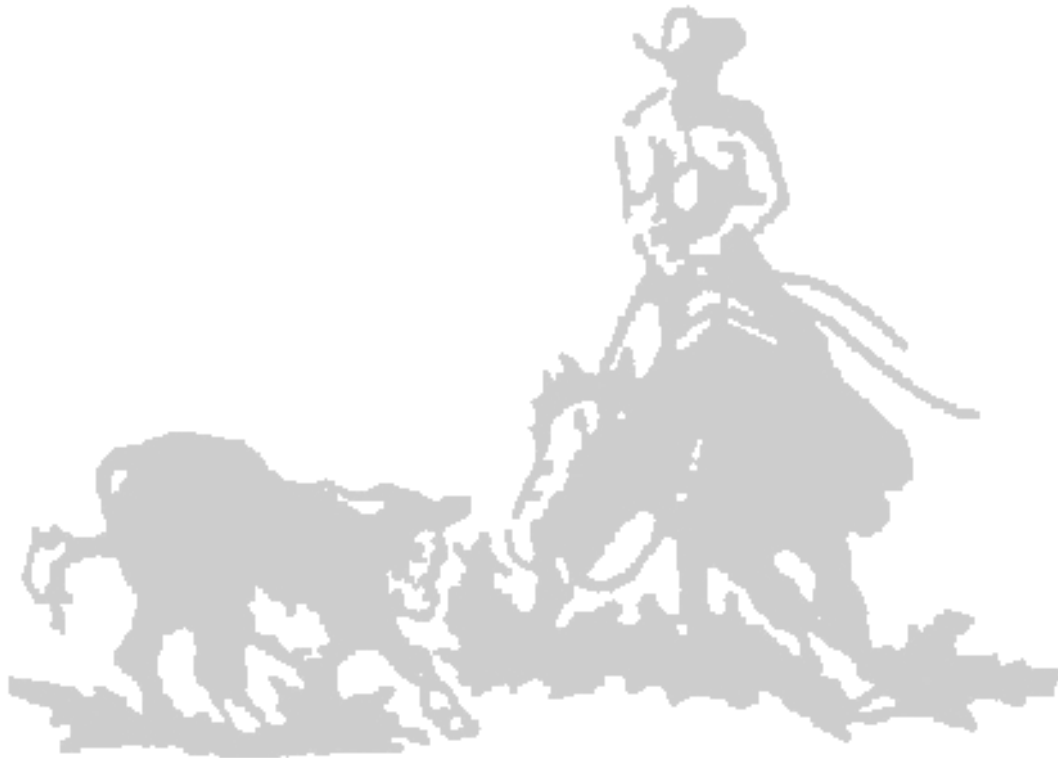
New Zealand Cutting Horse Association Incorporated

NZCHA Secretary & Treasurer

c/- 7 Te Poi Road, RD3 Matamata 3473

ph. +6427 443 4481 ♦ email. bonus3@xtra.co.nz

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*We no longer are able to accept cheques.*



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NZCHA Secretary & Treasurer  
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ph. +6427 443 4481 ♦ email. [bonus3@xtra.co.nz](mailto:bonus3@xtra.co.nz)