

**2010 NEW MEXICO CUTTING HORSE ASSOCIATION  
MEMBERSHIP APPLICATION**

C/O Barbara Mearse  
PO Box 1005  
Estancia, NM 87016  
505-384-2263 Cell 505-379-7887

I, the undersigned, hereby for myself, my heirs, executors and administrators, waive and relieve from New Mexico Cutting horse Association, the individuals, members and officers and other persons or associations connected with this event, their successors and assigns, from any and all rights or liability for damages for any and all injuries to me or to any entry, including animals or in the event of an accident, to any other person, caused by me or my entry.

(Membership is from January 1 - December 31 annually)

**Signed:** \_\_\_\_\_

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

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ Social Security # \_\_\_\_\_ NCHA # \_\_\_\_\_

Individual Membership - \$25.00 \_\_\_\_\_ Family Membership - \$35.00 \_\_\_\_\_

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

Would you like to receive your newsletter or other NMCHA news via email?    Yes    No

**Please list any dependents that will be covered on a family membership:**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ NCHA#: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ NCHA#: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ NCHA#: \_\_\_\_\_