



**National Sorting Cow Horse Association**  
 PO Box 176  
 Conesus, NY 14435  
 585-738-7688 / 573-513-0068  
 info@nscha.com

## Membership Application and Rider Rating Form

### Membership Fees:

Individual \_\_\_\_\_ \$25    Family \_\_\_\_\_ \$45    Day Pass\* \_\_\_\_\_ \$ 10    RENEWAL? Y / N

### Member/Family Information:

**Name:** \_\_\_\_\_  
 (Additional names may be listed below for Family Memberships)  
**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**Farm Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

Please review the NSCHA Rating Guidelines before completing the following:  
 Estimated Lifetime Earnings for all Cowhorse Events EXCLUDING NSCHA earnings: \_\_\_\_\_  
*Including but not limited to Penning, Sorting, Reined Cowhorse, Cutting, Roping, Ranch Horse Rodeo.*

Lifetime NSCHA earnings: \_\_\_\_\_ Total earnings: \_\_\_\_\_  
 Do you/have you ever train(ed) horses for a living – any discipline?: Yes / No discipline \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

### Parent or Guardian if under age 21

**NSCHA Rating:** \_\_\_\_\_  
**Indicate Status:** Open Amateur Youth DOB \_\_\_/\_\_\_/\_\_\_  
**Are you over 65?** Senior DOB \_\_\_/\_\_\_/\_\_\_ - your requested NSCHA Rating 2 or 3

I have read the National Sorting Cow Horse Association rating system and understand any falsification could result in a \$500 fine and a minimum 6 month suspension.

In agreement, I hold the National Sorting Cow Horse Association and club affiliates to the NSCHA harmless and not liable for accidents, injury or theft to person or property.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

### Parent or Guardian if under age 21

Just print this form and bring to any NSCHA event to have your rating reviewed and approved by a NSCHA Official. Duplicate forms will also be available at NSCHA events.  
 NSCHA Official Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

**Additional Family Members (Same Household):**

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

Estimated Lifetime Earnings for all Cowhorse Events EXCLUDING NSCHA earnings: \_\_\_\_\_  
*Including but not limited to Penning, Sorting, Reined Cowhorse, Cutting, Roping, Ranch Horse Rodeo.*

Lifetime NSCHA earnings: \_\_\_\_\_ Total earnings: \_\_\_\_\_

Do you/have you ever train(ed) horses for a living – any discipline?: Yes / No discipline \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian if under age 21**

**NSCHA Rating:** \_\_\_\_\_

**Indicate Status:** Open Amateur Youth DOB \_\_\_/\_\_\_/\_\_\_

**Are you over 65?** Senior DOB \_\_\_/\_\_\_/\_\_\_ - your requested NSCHA Rating 2 or 3

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

Estimated Lifetime Earnings for all Cowhorse Events EXCLUDING NSCHA earnings: \_\_\_\_\_  
*Including but not limited to Penning, Sorting, Reined Cowhorse, Cutting, Roping, Ranch Horse Rodeo.*

Lifetime NSCHA earnings: \_\_\_\_\_ Total earnings: \_\_\_\_\_

Do you/have you ever train(ed) horses for a living – any discipline?: Yes / No discipline \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian if under age 21**

**NSCHA Rating:** \_\_\_\_\_

**Indicate Status:** Open Amateur Youth DOB \_\_\_/\_\_\_/\_\_\_

**Are you over 65?** Senior DOB \_\_\_/\_\_\_/\_\_\_ - your requested NSCHA Rating 2 or 3

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

Estimated Lifetime Earnings for all Cowhorse Events EXCLUDING NSCHA earnings: \_\_\_\_\_  
*Including but not limited to Penning, Sorting, Reined Cowhorse, Cutting, Roping, Ranch Horse Rodeo.*

Lifetime NSCHA earnings: \_\_\_\_\_ Total earnings: \_\_\_\_\_

Do you/have you ever train(ed) horses for a living – any discipline?: Yes / No discipline \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian if under age 21**

**NSCHA Rating:** \_\_\_\_\_

**Indicate Status:** Open Amateur Youth DOB \_\_\_/\_\_\_/\_\_\_

**Are you over 65?** Senior DOB \_\_\_/\_\_\_/\_\_\_ - your requested NSCHA Rating 2 or 3

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approved by a NSCHA Official. Duplicate forms will also be available at NSCHA events.

NSCHA Official Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_