

INDIANA CUTTING HORSE ASSOCIATION MEMBERSHIP APPLICATION

Fees: Individual/Family \$25.00
Youth only \$15.00 18 yrs and under on January 1st
Day rate \$ 5.00/day

Please Make Checks Payable to ICHA

**ICHA Membership
c/o Vicki Green
325 S. South St.
Campbellsburg, In. 47108**

Social Security Number is required for IRS 1099 purposes

**ICHA Bylaws and club insurance require that you be a member of ICHA and NCHA
to show at ICHA approved shows**

Today's Date: _____

Name _____ NCHA # _____

Social Security # _____ NCHA NonPro () Y or () N
NCHA Amateur () Y or () N

Family Membership
Name of Spouse _____ NCHA # _____

Social Security # _____ NCHA NonPro () Y or () N
NCHA Amateur () Y or () N

Name of Youth(s)

_____ birth date ___/___/___ SS# _____

_____ birth date ___/___/___ SS# _____

_____ birth date ___/___/___ SS# _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Email Address _____