



# Leon County Horsemen's Association

## 2019 Membership Form

Please make your check payable to LCHA and give to any LCHA Board member or mail to:  
LCHA, P.O. Box 7564, Tallahassee, FL 32314-7564.

Primary Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone(s): \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

**NOTE:** LCHA frequently uses e-mail as a way to communicate with our members. Please make sure you keep your e-mail address updated to ensure you receive all messages.

Type of Membership:  Family - \$45.00  Individual - \$30.00

Family Member(s): *(use back if needed)*

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

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

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

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

Number of Horses Owned and their Breeds: \_\_\_\_\_

Events You/Your Family Show In: *(check all that apply)*

Halter  English  Western  Gaited  Speed/Timed Events

By signing this application, I/we agree to abide by all Bylaws, rules, and regulations governing the Leon County Horsemen's Association, conduct myself in a sportsman-like manner at all times, and maintain status as a member in good standing as described in the LCHA Bylaws. I/We acknowledge Florida Statute Section 773.02, which states that "...an equine activity sponsor...shall not be liable for an injury to or death of a participant resulting from the inherent risks of equine activities..."

If application is for a Family Membership, all applicants over the age of 18 must sign.

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

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

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

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

**LCHA USE ONLY:**

Date Membership Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_