

CENTRAL ALABAMA  
**HEART OF DIXIE**  
CUTTING HORSE ASSOCIATION  
2016 MEMBERSHIP APPLICATION

\_\_\_\_\_ \$30 family

\_\_\_\_\_ \$20 single

\_\_\_\_\_ \$10 youth

If family, please list family members:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

NCHA # \_\_\_\_\_

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

(CAHODCHA will make every effort to keep your information private. Your SS# is needed for tax purposes)

Please return to:

Wendy Hart

5451 Bright Meadows Rd.

Milton, FL 32570

If you have any questions, please call 251.716.9046 or email [heartofdixiecha@gmail.com](mailto:heartofdixiecha@gmail.com)

**RELEASE AND WAIVER**

I, the undersigned, hereby release the CAHODCHA, its officers, employees, and agents, from all claims, demands, action or cause of action, or any kind of nature whatsoever, whether now known or ascertained, or may hereafter develop or accrue to me in favor of myself, my heirs, representatives of dependents, on any claim which may be suffered by me because of any matter, thing or condition, negligence, or default whatsoever and I hereby assume and accept the full risk of danger of any hurt, injury or damage which may occur through or by any reason of any matter, thing or condition, negligence or default, or any person whatsoever.