

Leon County Horsemen's Association 2018 Membership FormPlease 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.

| _ | Date Date | Signature Signature | Date Date |
|--|--|--|--|
| application is for a | Date | Signature | Date |
| _ | | | |
| esulting from the inf | Family Membership, all applicants o | over the age of 18 must sig | n. |
| orsemen's Associatinember in good stan which states that "a | ation, I/we agree to abide by all Bylon, conduct myself in a sportsmanding as described in the LCHA Bylon equine activity sponsorshall no nerent risks of equine activities" | -like manner at all times, a ws. I/We acknowledge Flo | nd maintain status as a rida Statute Section 773.02 |
| l Halter 🗆 | nily Show In: <i>(check all that apply)</i> English | aited 🗖 Speed/Time | |
| umber of Horses O | wned and their Breeds: | | |
| Name: | | | DOB: |
| nmily Member(s): <i>(</i> | use back if needed) | | |
| pe of Membership | : 🔲 Family - \$45.00 | ☐ Individual - \$ | 30.00 |
| OTE: LCHA frequently usodated to ensure you rec | ses e-mail as a way to communicate with o | ur members. Please make sure y | ou keep your e-mail address |
| mail: | | Occupatio | on: |
| | | | |
| none(s): | | | |
| | | | |