Leon County Horsemen's Association

2020 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:*** _____