

Please Email & Etransfer to: CCHAcutting@gmail.com password ccha2018

or mail to CCHA C/O R Powell 6025 60 Ave Cres, Innisfail AB T4G 1V9

Membership to the CCHA is January 1 to December 31 at which time the membership listing is erased and a new membership is required for the upcoming year. 1. Please mail your CCHA membership forms to the CCHA office before you show in the current year. The CCHA office will in turn forward you a current 2020 membership number and put you on the mailing list. 2. Remember to complete the application in full. Our information is only as current as the information you give us. 3. NEW NON-PRO & AMATEUR applications MUST BE SIGNED BY A DIRECTOR in good standing with the CCHA or TWO NON-PROS in good standing with the CCHA. If they are not signed, your applications will be returned to you for proper completion. If you have any questions, please don't hesitate to contact the CCHA office. IF YOU REQUIRE NON-PRO AND/OR AMATEUR STATUS, AND YOUR INFORMATION ON LAST YEARS APPLICATION HAS NOT CHANGED, YOU DO NOT NEED TO FILL THESE FORMS OUT, JUST CHECK WHICH STATUS YOU REQUIRE.

NON-PRO _____ AMATEUR _____

Please fill out forms in full to ensure we have your correct contact information. 4. You must be a current member of the CCHA for your points to count toward year end awards if you are showing or your horse is being shown in a CCHA approved show.

Family Membership-please list all family members \$125.00 _____ (Must all be living in one household) Individual membership \$ 75.00 _____ (If only one person is applying)
Individual Youth Membership (If youth is only member in household applying) \$ 15.00 _____
Junior – 13 & under as of Jan. 1 of current show year - birth date _____
Senior – 14 & up as of Jan. 1 of current show year – birth date _____

NOTE: Non-Pro & Amateur applications are available @ www.ccha.ca (if information has changed since last year)

Alberta Personal Information Protection Act (PIPA) The CCHA requires collection of personal information (as appears on the membership application) for the purpose of providing all privileges and services to their membership. This information will only be used or disclosed as is reasonably expected, necessary or requested by our membership or the Board of Directors. The CCHA is making every attempt to be in compliance with PIPA. I hereby consent to the collection use or disclosure of all personal information contained on the membership form and the CCHA will only use or disclose such information as is reasonably expected, necessary or requested. This may include, from time to time, a publication of a CCHA membership and telephone directory for distribution only to membership of the CCHA.

(SIGNATURES)

NAMES _____ DATE _____ (Please print)

ADDRESS _____

CITY/PROVINCE _____ POSTAL CODE _____

CELL PHONE () _____ HOME/WORK PHONE () _____

E-MAIL: _____

TOTAL REMITTANCE: \$ _____

