

LAS CRUCES HORSEMAN'S ASSOCIATION **MEMBERSHIP APPLICATION** Revision date 9-29-24 LM

Applicants denied membership will be notified within 30 days of receipt of application by US Mail. Appeals can be made to: LCHA Executive Board, PO Box 132, Mesilla Park, NM 88047.

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Renewal	Year: 20	 	New Member	

Official Use Only				
Date:				
Cash				
Check #				
Amount: \$				
Received by:				

Please indicate area(s)	of interest: Gymkhana H	unter/	Jumper	 Western	Received by:		
NAME	Januare St. Symmana 11	diitoi/			Membership		
ADDRESS					Type:		
CITY, STATE ZIP							
PHONE (best contact)				Home Work Mot			
EMAIL		Family					
Names of All Family Members (riding and non-riding) who participate in LCHA Sponsored events and Elections (list additional members on back)			determine	s: Age Group is d by age as of of each year.	Permission given for photos of this person? Please initial below also		
to person, horse or property durin including transportation to or fron not to file claim or bring suit with I understand the Las Cruces H work 8 hours per division in which Work/service must be completed their representatives may work for	orseman's Association Work/Fee Ru h they qualify for year-end awards or pa or fee must be paid by the last event o or the division of their choice.	ail rides, covenan le: In o ay the wo	social function t that on my or rder to receive ork/service fee ason in order to	es, or any other sp wn behalf and for a eyear-end awards of \$100 per ride to be eligible for ye	onsored organized activity, my spouse and/or child/children , each rider/competitor must er/competitor per division. ar-end awards.Members and/or		
I understand that Membership husband/wife and unmarried child	Dues are \$30 per year per family or dren living at home full time.	\$20 per	year per indiv	dual. A family is	considered to be a		
Membership dues mus	t be paid before the start of	the e	vent in ord	ler to qualify	for year-end points.		
permission for and my family above to be use materials and on and Facebook media) to pron	nitial) I also give photos of myself members listed ed in promotional line (LCHA website or other social events.	a	nd will al Cruces This form m	bide by the Horseman' oust be signed	indicates that all above understand rules of the Las s Association. I by Adult, parent or be be accepted.		
Return form and dues payr	ment to:						
LCHA PO Box 132 Mesilla Park, NM 88047			Signature of Applicant (or parent/guardian if applicant is under 18) Date:				