

## 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:				

Horseman's Assn	Renewal Year: 20	_ N	ew Member		Received by:
Please indicate area(s) o	f interest: Gymkhana H	lunter/	Jumper We	estern	
NAME					Membership
ADDRESS					Type:
CITY, STATE ZIP					Single
PHONE (best contact)		oile			
EMAIL					Family
participate in LCHA S	bers (riding and non-riding) who Sponsored events and Elections anal members on back)	-	Birth Dates: A determined b Jan 1st of e	y age as of	Permission given for photos of this person? Please initial below also
Association. The LCHA, it's office to person, horse or property durin including transportation to or from not to file claim or bring suit with r  I understand the Las Cruces Howark 8 hours per division in which Work/service must be completed their representatives may work for	orseman's Association Work/Fee Ru they qualify for year-end awards or p or fee must be paid by the last event o	are here ail rides, covenan ule: In o ay the wo	by released, acquisocial functions, of that on my own order to receive years/service fee of ason in order to be	uitted and discher any other special behalf and for a sar-end awards \$100 per ride e eligible for ye	narged from any claim for damage onsored organized activity, my spouse and/or child/children , each rider/competitor must er/competitor per division. ar-end awards.Members and/or
husband/wife and unmarried child			, 1	,	
-	be paid before the start of	i the e	vent in order	to qualify	for year-end points.
permission for and my family above to be use materials and on and Facebook media) to prom	nitial) I also give photos of myself members listed d in promotional line (LCHA website or other social ote or advertise events.		his form mus	t 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 paym	nent to:				
LCHA		Signa	ture of Applicant (	or parent/guard	lian if applicant is under 18)
PO Box 132 Mesilla Park, NM 88047		Date:			