



# Western Nevada Cutting Horse Association

## Membership Application

(All Membership Applications are subject to review by the Board of Directors)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

NCHA #: \_\_\_\_\_

Annual Dues: \$50.00 plus \$10.00 for each family member \_\_\_\_\_

Youth Dues: \$10.00 each \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check/Cash: \_\_\_\_\_ Amount: \_\_\_\_\_

I want my newsletter: \_\_\_\_\_ emailed \_\_\_\_\_ mailed

Family memberships will receive (1) Rule Book and (1) bulletin per family

	Name	Relationship	NCHA #
Family Member(s)	_____		
	_____		
	_____		
	_____		

Horse's Names (REGISTERED HORSES MUST BE SHOWN UNDER THEIR REGISTERED NAME!)

_____	_____
_____	_____
_____	_____

Please make checks payable to:  
WNCHA

Mail To:  
Nikki Chandler  
6100 Neil Road, Suite 500 – Reno, Nevada 89511