



USCHA MEMBERSHIP APPLICATION

One person per membership form



I hereby apply for membership in the United States Cutting Horse Association. My annual membership when approved by USCHA shall be FREE. With this application, I acknowledge that I shall comply with all Standing Rules of the USCHA. I hereby release, discharge, and hold harmless the United States Cutting Horse Association LLC, its producers, and authorized agents from any claim of personal injury, liability, loss or injury to livestock, or accidents arising out of or related to this membership.

Member Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Telephone: () _____

Email: _____

Social Security No: _____

Date of Birth: _____

Circle One: Professional Non-Professional Youth Supporter

For Non-Professional Status:

() I attest that I have never received direct or indirect remuneration or any other considerations for the training of a Cutting or Cow Horse, nor the training of a Cutting or Cow Horse Rider.

Signature:

Minor Applicants (under age 18) must have signature of Parent or Legal Guardian:

Mail to: USCHA
PO Box 695
Sulphur Springs, Texas 75483