



Central Coast Cutting Horse Association

Membership Application

Owners and riders must both be members to be eligible for CCCHA Year-End Awards.

Name: _____

Address: _____

City: _____ **Zip:** _____

Telephone (cell/home): _____

Email: _____

Social Security Number: _____ **(Required)**

New Member: _____ **Renewal:** _____ **Address/Info Change:** _____

Annual Member (Voting Membership) \$50 _____

Family Member (Voting Membership) \$90 _____

Youth Member (Non-voting Members) \$10 _____
(18 years or younger as of January 1, 2016)

“I hereby apply for membership in the Central Coast Cutting Horse Association (CCCHA) and agree to abide by the bylaws* governing this association. I hereby agree to release and hold harmless the CCCHA, its officers, members, agents, employees, representatives or any person in any way connected with this association, from any loss, damage or injury to contestant, horse or personal property by reason of my participation in any show or club event.”

***Bylaws available upon request.**

Signature of Member or Signature of Parent/Guardian of Minor

Date

Make checks payable to: CCCHA
For more information contact Kathy Grimes at (805) 680-1294