



SOUTHERN CALIFORNIA REINED COW HORSE ASSOCIATION

P.O. BOX 1165, ALPINE, CA 91903

www.SCRCHA.com

All Adult & Youth memberships expire December 31. Membership shall become effective the day the membership application is received in the SCRCHA Office, or accepted by the show secretary at a SCRCHA approved show.

ALL REGISTERED OWNERS & EXHIBITORS of a competing horse IN ALL DIVISIONS must be members of SCRCHA at the time of showing for points to count towards year-end awards. Points earned by any horse during a lapse of owner's membership will not be picked up on subsequent payment. A **current SCRCHA membership** is required of any exhibitor competing for All-Around Award, Circuit Award, or any SCRCHA special award, including, but not limited to, added money at SCRCHA sponsored horse shows, special events, etc.

Note: Contributions or gifts to the Southern California Reined Cow Horse Association are not tax deductible as charitable contributions for federal income tax purposes; however, dues payments and contributions may be deductible as ordinary and necessary business expense.

_____(Year) MEMBERSHIP APPLICATION _____Renewing _____New
Name (1 person per form) _____
Address _____
City _____ State _____ Zip _____
Home phone _____ Cell phone _____ Fax _____
Email _____ Date of Birth _____
Please mark if interested Yes _____ I am available to volunteer for club activities.
Duties Interested in _____

IMPORTANT: For points to count towards NRCHA and AQHA, we must have your Exhibitor and/or Owner I.D. numbers: Please include ALL your numbers and copies of current membership cards:
NRCHA _____ Exp. Date: _____ AQHA _____ Exp. Date: _____

PLEASE MARK → _____ Youth _____ Non Pro*** _____ Open
***NRCHA Non-Pro definitions and rules are followed by SCRCHA

AMOUNT ENCLOSED

Please check one:

_____ Lifetime	\$350.00	Life
_____ 3 Yr Individual	\$ 70.00	3 Years
_____ Individual	\$ 35.00	1 Year
_____ Youth	\$ 35.00	1 Year
_____ Family**	\$ 50.00	1 Year

**Family Memberships require each family member to fill out separate applications and submit together with fee.

My signature below is evidence of my agreement to abide by and be bound by the rules and regulations of SCRCHA.

Signature of applicant _____ Date _____

**Please fill out completely and return with the appropriate fees to:
SCRCHA, Member Renewal, P.O. BOX 1165, ALPINE, CA 91903**

For Office Use Only:

Date Pymt Rec'd _____ **Ck#** _____ **Yr Exp's** _____ **Card Issued** _____