

**SOUTH DAKOTA CUTTING HORSE ASSOCIATION MEMBERSHIP APPLICATION - - - For Year\_\_\_2020\_\_\_\_\_\_**

**Single $ 35.00 Youth $5.00 Family\*\*$ 50.00**

**\*\* Must be immediate family members and living in same household. Adult children must have their own membership if no longer dependents of their parents.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME DOB IF A YOUTH NCHA NUMBER\_\_\_\_\_\_\_\_ \_ SS#**\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_**

**Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make Check Payable to SDCHA**

**C/O Susie Reed Secretary/ Treasurer**

**19486 Brushie Ck Rd**

**Faith, SD 57626**

**NOTE: Both owner and rider must be paid members of the SDCHA in order to be eligible for year end awards.**