TCHA MEMBERSHIP CARD

TCHA# _____ DATE _____

NAME _____
  (As you would want it listed for points and year end awards)

ADDRESS _____

CITY _____ STATE _____ ZIP_____

AGE GROUP _____ AGE ON JAN 1 _____

HORSE'S NAME _____

SEX _____ AGE _____ BREED _____

DATE OF NEGATIVE COGGINS _____

DATE _____ SIGNATURE_____

TELEPHONE NUMBER _____

EMAIL _____

Membership Fees:
$20.00 if paid prior to June 1
$25 after June 1 – per horse/rider combination

Membership numbers are given out on a first come first serve basis. Corresponding number sequences:
30 & over – 700 numbers
17 – 29 – 600 numbers
13 – 16 – 500 numbers
12 & under – 400 numbers

Please send forms and payment to:
Kim Mattison
W7823 Marquis Rd
Amberg, WI 54102