



MEMBERSHIP APPLICATION

Please send form to: Louise Annett
476 Forfar Street East
Fergus, ON
N1M 1B6

___ New Membership ___ Renew Regular Membership (Member #) _____ (1 Yr __\$65) (3 Yrs__ \$150)

Name: _____ (Male___ Female___) Birth Date: _____
(Month/Day/Year)

Address: _____ City: _____

Province: _____ Postal Code: _____ County: _____

E-Mail Address: _____

Phone # (Home) _____ (Cell) _____ (Other) _____

NBHA District in which you will compete: Province _____ District # _____

(Note: Members may only accumulate points in one district at a time. Members who change districts during competition year will lose any accumulated points.)

FAMILY MEMBERSHIP

The Family Membership Program applies to two (2) or more family members living in the same house. Family members are defined as: Husband, Wife, Parent, Child, Sister, Brother, Grandchild, Grandparent, or legal guardian. The first family member, whether adult or child, pays the full membership fee (\$62 for one year or \$150 for three years) in order to receive the reduced rates for other family members. All family members must be under the same plan. The family will receive one subscription to the BARREL HORSE NEWS and Eastern Canadian members receive one subscription to THE RIDER. Family members may be added at any time. However, the new member(s) will expire at the same time as the existing memberships.

Additional Members:

<u>Name</u>	<u>SEX</u>	<u>Birth Date (Month/Day/Year)</u>	<u>1 Year</u>	<u>3 Years</u>
2 nd Adult _____	(M)/(F)	_____	() \$55.00	() \$120.00
3 rd Adult _____	(M)/(F)	_____	() \$55.00	() \$120.00

Children 18 & Under (Age is determined by actual age on January 1st of the year in which this application is being submitted)

<u>Name</u>	<u>SEX</u>	<u>Birth Date (Month/Day/Year)</u>	<u>1 Year</u>	<u>3 Years</u>
Child _____	(M)/(F)	_____	() \$40.00	() \$75.00
Child _____	(M)/(F)	_____	() \$40.00	() \$75.00
Child _____	(M)/(F)	_____	() \$40.00	() \$75.00

MAKE CHEQUES PAYABLE TO NBHA – (\$30 Fee charged on returned cheques) Total Fees Submitted _____

Amt Received \$ _____ Pmt Type _____ Chq # _____ Received By: _____

Visa Payments are accepted but will be charged in US Funds: Credit Card # _____ Expiry _____

The undersigned understands and agrees that there is a certain element of risk, of loss, injury damage and possibly death in participating in these events and certifies that he/she understands and accepts said risk and releases NBHA Executives, Directors, Members and any Show Host from any claim or cause of action arising from any of these events.

I understand that NBHA does not carry personal liability insurance of behalf of competitors and therefore, I am responsible for obtaining such insurance. NBHA REQUIRES THAT COMPETITORS CARRY SUCH INSURANCE & HAVE PROOF AVAILABLE IF REQUESTED. NBHA will make every possible effort to ensure the safety of involved persons, however, I understand that participating in any NBHA approved event is entirely voluntary and wholly at my/our risk. I have read and fully understand and agree to the above Terms and Conditions and that this If applicant is a minor, parent and agreement will be binding upon my Executors, heirs and Assigns.

OEf Membership#: _____ (or) Insurance Company _____ Policy # _____

Applicants or Guardian Signature _____ Dated: _____
/or legal guardian must sign above.

Witness Name(Print): _____ **Witness Signature:** _____ **Dated:** _____