



# USCHA MEMBERSHIP APPLICATION

one person per membership form



I hereby apply for membership in the United States Cutting Horse Association. My annual membership when approved by USCHA shall be FREE. With this application, I acknowledge that I shall comply with all Standing Rules of the USCHA. I hereby release, discharge, and hold harmless the United States Cutting Horse Association LLC, its producers, and authorized agents from any claim of personal injury, liability, loss or injury to livestock, or accidents arising out of or related to this membership.

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Circle One: Pro    Youth                  Non Professional

For Non Professional Status:

( ) I attest that I have never received direct or indirect remuneration or any other considerations for the training of a Cutting or Cow Horse, nor the training of a Cutting or Cow Horse Rider.

Birth date (youth only) \_\_\_\_\_

Member preferred means of communication:

(Circle one) Direct Mail    Email                  Text Message

If preferred method is email or text messaging please provide email or phone number to be used for contact:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Minor Applicants (under age 18) must have signature of Parent or Legal Guardian:

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Mail to: USCHA, PO Box 695, Sulphur Springs, Texas 75483