

Membership forms now available online!

Please Email & Etransfer to: contact@ccha.ca

or mail to CCHA C/O Ashley Smith, 200-268005 Hwy 552 W, Foothills, AB, T1S 5M6

Membership to the CCHA is January 1 to December 31 at which time the membership listing is erased and a new membership is required for the upcoming year.

Please fill out form in full to ensure we have your correct contact information.

Membership #'s are no longer assigned.

You must be a current member of the CCHA for your points to count toward year end awards if you are showing or your horse is being shown in a CCHA approved show. Points are accumulated from the date membership is purchased. If horse owner and rider are different, BOTH owner and rider must be current CCHA Members for points to count.

NON-PRO _____ AMATEUR _____

Individual membership \$75.00 _____

Family Membership-please list all family members (Must all be living in one household) \$125.00 _____

Individual Youth Membership (If youth is only member in household applying) \$15.00 _____

Junior – 13 & under as of Jan. 1 of current show year - birth date _____

Senior – 14 & up as of Jan. 1 of current show year - birth date _____

NOTE: Non-Pro & Amateur applications are available @ www.ccha.ca (if information has changed since last year)

Alberta Personal Information Protection Act (PIPA): The CCHA requires collection of personal information (as appears on the membership application) for the purpose of providing all privileges and services to their membership. This information will only be used or disclosed as is reasonably expected, necessary or requested by our membership or the Board of Directors. The CCHA is making every attempt to be in compliance with PIPA. I hereby consent to the collection use or disclosure of all personal information contained on the membership form and the CCHA will only use or disclose such information as is reasonably expected, necessary or requested. This may include, from time to time, a publication of a CCHA membership and telephone directory for distribution only to membership of the CCHA.

NAMES _____

DATE _____

ADDRESS _____

CITY/PROVINCE _____ POSTAL CODE _____

CELL PHONE () _____ HOME/WORK PHONE () _____

E-MAIL: _____

TOTAL REMITTANCE: \$ _____

