

2024 SCHA MEMBERSHIP APPLICATION

SCHA membership is January 1 to December 31 at which time memberships expire.
Memberships are due January 1 each year.



Send completed form, waiver and fee to:
Saskatchewan Cutting Horse Association
% Elaine Good, SCHA Secretary/Treasurer
Box 278 Fillmore, Saskatchewan S0G 1N0
Email: elaine.scha01@gmail.com
Phone/Fax: 306-722-3643; Cell: 306-722-7643

Name: _____

Address: _____

Postal code: _____

Email address: _____

Home Phone: _____ Cell: _____ Fax: _____

Date of Birth _____ (required for all members)

- I would like to receive the SCHA Bulletin by mail
- I would like to receive the SCHA Bulletin by email (include email address)

ACTIVE INDIVIDUAL MEMBERSHIP	\$60.00
Entitles member to show in Saskatchewan approved shows, eligibility for year-end awards, receive the SCHA News Bulletin and includes voting privileges.	
ACTIVE FAMILY MEMBERSHIP	\$100.00
Includes benefits of Active Membership. List all family members and their birthdates on reverse side if needed. Fillable forms require a form for each member.	
ASSOCIATE MEMBERSHIP	\$10.00
Entitles member to receive the SCHA News Bulletin and have a voice in the Association, excluding voting privileges.	
YOUTH MEMBERSHIP	\$5.00
Available for any youth, 18 years of age and younger as of January 1 st , and entitles member to show in SCHA approved shows and compete for year-end awards, voting privileges excluded. Youth members will receive the SCHA News Bulletin if they are the only family member belonging to the SCHA.	
WESTERN HORSE REVIEW SUBSCRIPTION	\$12.00
TOTAL AMOUNT INCLUDED	\$ _____
Cheques payable to Saskatchewan Cutting Horse Association; For E-transfers contact Elaine Good at 306-722-7643 and elaine.scha01@gmail.com;	

Please list skills or formal training such as first aid, financial record keeping, computer programming or cattle handling that you would like to share: (Example: first responder, EMT)
training/skill: _____, for formal training, list level attained: _____

Canadian Personal Information Protection & Electronic Documents Act (PIPEDA)
The SCHA 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 SCHA is making every attempt to be in compliance with PIPEDA.
I hereby consent to the collection use or disclosure of all personal information contained on the membership form and the SCHA will only use or disclose such information as is reasonably expected, necessary or requested.

Signed _____ Date _____



Saskatchewan Cutting Horse Association

Must be included with Membership Application

Member Liability Release and Waiver Form

NAME: _____

I, the undersigned, acknowledge that competition through the Saskatchewan Cutting Horse Association (SCHA) involves an inherent risk of injury and accordingly, thereby release the SCHA and its officers, members, agents, employees, representatives, or any and all of them, from all claims, demands and action or causes of action, of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue in favour of myself, my heirs, representatives or dependents, including any loss of property, animate or inanimate, belonging to me or used by me. I hereby assume and accept the full risk of all danger and any hurt, injury, damage or loss which may occur through or by reason of any matter, thing or condition, negligence or default of any person during my involvement in this activity.

Member's Signature: _____
(After having read the "Release and Waiver")

Date: _____

Parent/Guardian Signature: _____
(If participant is under 18 years of age) (After having read the "Release and Waiver")

ON BEHALF OF: _____ AGE _____

Date: _____

Please include birthdates for Youth: _____

*****The SCHA strongly recommends that each member carry their own insurance eg. insurance available through the Saskatchewan Horse Federation. *****

*****It is highly recommended that horseback riders of any age wear a high impact helmet and footwear appropriate for riding. *****

For office use only:
Date application received: _____ Total paid: _____ WHR _____

Payment by: Cheque # _____ E-transfer \$: _____ Cash \$ _____