

SASKATCHEWAN CUTTING HORSE ASSOCIATION

2021 MEMBERSHIP APPLICATION



Memberships are January 1 – December 31 at which time they expire. Memberships are due January 1 each year.

Name: _____

Address: _____

Postal code: _____ Email address: _____ @ _____

Home Phone: _____ Cell: _____

Date of Birth: _____ (dd-mmm-yyyy) _____ (required for all members) _____

I would like to receive the SCHA Bulletin by email by regular mail

** Please check off all applicable boxes **

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 (Includes all youth) **\$100.00**
 Includes benefits of Active Membership. List all family members and their birthdates.

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 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*. E-transfer to elaine.scha01@gmail.com

The SCHA membership is very skilled and diverse. Do you have a skill or formal training in areas such as first aid, bookkeeping, financial record keeping, computer programming or cattle handling that you would like to share?

Please list including 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 _____

My name indicates my official signature (dd-mmm-yyyy)



Send membership, waiver(s) and fee to: Box 278, Fillmore, SK S0G 1N0 elaine.scha01@gmail.com

For office use only:			
Date received _____	Total paid _____	WHR _____	
Pmt by: Chq # _____	E-transfer _____	Cash _____	