

Pacific Coast Cutting Horse Association P.O. Box 108 13296 E. Hwy 88 Lockeford, CA 95237



MEMBERSHIP FORM 2015

Name			Member#	New Member_
Address				HA #
City	State	Zip		
Email (mandatory for sen	ding all E-news and invoic	;ing):		
Phone:	Fax	Cell		
Have you ever been a m	nember of the PCCHA ur	nder another name(s)?		
All members mu	ıst sign			
		with and be bound by the rules of the Paci resolved by the procedures provided in the		
Signature		Birth Date	SS	#
		Birth Date		
Youth Signature		Birth Date (Required)	SS	#
MEMBERSHIP (All men	nberships expire on Dece	ember 31st except Life)		
•	·	Only)	\$	50
Husband/Wife (indudesPCJa	and QHN)			S75
Lifetime Membership (Ind	udes PCJ and QHN)		\$6	50 Lifetime
Youth Membership: 18 years and under - No Magazines			\$	520
Youth Membership: 18 ye	ars and under - With <i>PCJ</i> .		\$	335
PCCHA Web Site Spe	ecials (Your name and phone no	umber listed in the Specified areas of t	the PCCHA Web site [Directory-expires Dec. 31)
Professional Trainers Listir	ng		9	S25
	•			
NCHA rated Judges Listing	J			S25
•	•			
•				
	•			
Donation to PCCHA You	th Scholarship Fund		9	S
	·			
		Total Amo	unt Due \$	
Method of payment: (U.S. Funds Check/Money order encl	only) losed / Visa/MasterCard//	American Express		
•	Card Number::	•	p Date:	Security Code
Signature:				

(501)(C) (3) charitable organization, are tax-deductible to the extent allowed by law.