

PACIFIC COAST CUTTING HORSE ASSOCIATION

P.O. BOX 108
13296 EAST HWY 88
LOCKEFORD, CA 95237



PH: (209) 727-5779
F: (209) 727-5743
WWW.PCCHA.COM

MEMBERSHIP
FORM
2018

Name _____ Member# _____ New Member _____
 Address _____ NCHA # _____
 City _____ State _____ Zip _____
 Email (mandatory for sending all E-news and invoicing): _____
 Web Site Link -see PCCHA Specials: _____
 Phone: _____ Fax: _____ Cell: _____

Have you ever been a member of the PCCHA under another name(s)?

All members must sign

The undersigned parties as a condition to membership agree to become familiar with and be bound by the rules of the Pacific Coast Cutting Horse Association. The undersigned expressly agree to have all disputes related to compliance with or violation of these rules resolved by the procedures provided in the rules. If under 21 years of age, a parent/guardian signature is required.

Signature _____ Birth Date _____ SS# _____
 Spouse Signature _____ Birth Date _____ SS# _____
 Youth Signature _____ Birth Date (Required) _____ SS# _____

MEMBERSHIP (All memberships expire on December 31st except Life)

Membership Dues (Includes PCJ and QHN Magazine for USA Only)	\$60
Foreign Single (includes PCJ and QHN).....	\$75
Husband/Wife (includes PCJ and QHN).....	\$85
Lifetime Membership (Includes PCJ and QHN)	\$650 Lifetime
Lifetime Membership (60 years & over) (Includes PCJ and QHN).....	\$325.00
Youth Membership: 18 years and under - No Magazines	\$20
Youth Membership: 18 years and under - With PCJ	\$35

PCCHA Web Site Specials (Your name and phone number listed in the Specified areas of the PCCHA Web site Directory-expires Dec. 31)

Professional Trainers Listing	Free
With link to your web site	Free
NCHA rated Judges Listing	Free
With link to your web site.....	Free
NCHA Show Secretaries Listing	Free
With link to your web site	Free
Donation to PCCHA Awards Program.....	\$ _____
Donation to PCCHA Youth Scholarship Fund	\$ _____
Donation to Cutters Caring & Sharing Fund	\$ _____

It is CC&S's mission to support the physical and social well being of the PCCHA members whose current livelihood depends on the cutting horse industry. In order to meet our mission and provide services to our members we rely on generosity of individuals and businesses for support. Without the assistance of our members, we would not be able to serve those in need.

Total Amount Due \$ _____

Method of payment: (U.S. Funds only)

Check/Money order enclosed / Visa/MasterCard/American Express

Name on Card: _____ Card Number: _____ Exp Date: _____ Security Code _____

Signature: _____

Dues payments may be deductible by Members as an ordinary and necessary business expense, however, contributions or gifts to the PCCHA are not deductible as charitable contributions for federal income tax purposes. However, donations to the PCCHA Youth Scholarship Fund-(501)(C) (3) charitable organization, are tax-deductible to the extent allowed by law.