

LCHA, Inc.
2008-2009 Membership Application
18870 Nalle Road, North Fort Myers, FL 33917
(please print)

Date _____

MemberName: _____ **dob** _____

Ranch/Farm Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Alternate Phone:** (____) _____

Email: _____

Website: _____

Additional Family Members (Date of Birth Required for youth 17 and under)

Name: _____ **DOB** _____

Name: _____ **DOB** _____

Name: _____ **DOB** _____

Name: _____ **DOB** _____

Membership Options(pick one)	Dues	Total
Family Membership Includes two voting adults and ALL children under 18 years of age in one household	\$35.00	
Single Membership For individual youths in non-participating households	\$20.00	

I would like to be included in the mailing list for(please check all applicable)

___ **H/J** ___ **Performance** ___ **Speed**

Horse information:(Horses names **cannot** be changed throughout year, please use one name per horse)

Horse Name: _____ Age: _____ Stallion ___ Mare ___ Gelding ___

Color: _____ Breed: _____ Size: _____

Horse Name: _____ Age: _____ Stallion ___ Mare ___ Gelding ___

Color: _____ Breed: _____ Size: _____

I agree to abide by the LCHA, Inc. rules and by-laws of which I have access to a copy of.

I understand that under Florida Law, an equine sponsor or equine professional is not liable for any injury to, death of, a participant in equine activities resulting from the inherent risk of equine activities.

 Signature(Parent or Guardian Signature Required for minor)

Date Paid: ___/___/___ Amount Paid: \$ _____ Cash: _____ Check _____

Credit Card # _____ Name on Card _____

Exp Date ___/___ Signature _____