



CHEVAL CANADIEN HORSE ASSOCIATION ONTARIO (CCHAO)

2020 Membership Form (1 January—31 December)

Please print in block letters.

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

Membership Type:

- | | | |
|--|------|--------------------------|
| Adult - 18 yrs and over, 1 CCHAO vote | \$40 | <input type="checkbox"/> |
| Youth - 17 yrs and under, 1 CCHAO vote | \$20 | <input type="checkbox"/> |
| Couple – 2 adults, 2 CCHAO votes | \$60 | <input type="checkbox"/> |
| Family – 2 adults & related youth, 2 CCHAO votes | \$80 | <input type="checkbox"/> |
| Associate – Does not own a Canadian Horse – Non Voting | \$20 | <input type="checkbox"/> |

Please make cheques payable to Cheval Canadien Horse Association Ontario and mail to: Candace Gomes, CCHAO Treasurer, 5933 Battersea Road, Battersea, ON K0H 1H0. If you would **NOT** like to have your name and e-mail address shared with other members, please check the following box:

I do not wish to have my name and contact information published in CCHAO's membership directory.

Photo/Video Release Authorization

I, the undersigned, give permission to CCHAO and to its designated agents, to photograph/video me at CCHAO activities and to use such photographs/videos in all forms of media, for any and all promotional purposes. I further consent to the use of my name in connection with the photographs/videos. I understand that I will not receive any payment for my time or expenses or any royalty for the use of the photo/video, and I hereby release CCHAO from any such claims.

Member's Signature: _____

For Couple or Family Memberships, please provide additional names and signatures:

Parent's Signature for members under 18 years: _____

Date: _____