



**CHEVAL CANADIEN HORSE ASSOCIATION ONTARIO (CCHAO)**

**2021 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: \_\_\_\_\_