

INTER-COUNTY HORSEMEN'S ASSOCIATION, INC.

www.i-cha.org

2021 MEMBERSHIP APPLICATION

*** Print through-out except for signature ***

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

(required) (required)

Membership: ✓ The box	Family @ \$20 _____	Individual @ \$15 _____	Jr. Exhibitor (17 yrs & under) @ \$10 _____
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Family - Shall refer to spouse and children under the age of 18 still at home.

Names of family members for this application _____

Junior Exhibitor: Name: _____ Date of Birth: _____

Equitation Rider Name: _____ age: _____ DOB: _____

To qualify for points the horse/pony **Owner & Exhibitor** showing must be a member of ICHA.
 Horses /Ponies must be entered on **owner** application.
 If horse/pony is leased, a copy of the lease must be registered with the Point Secretary before points will count.
 Fee: \$2.00 for **EACH** class entered
 Please complete the following: (1 horse/pony/ equitation rider per line)

Horse/Pony/Eq. Rider Name: _____

Enter class number nominating the above Horse/Pony/Rider to earn year end points. (Use 2021 class list)

_____ # _____ # _____ # _____ # _____ # _____ # _____ # _____

Exhibitors' Name _____

Horse/Pony/Eq. Rider Name: _____

Enter class number nominating the above Horse/Pony/Rider to earn year end points. (Use 2021 class list)

_____ # _____ # _____ # _____ # _____ # _____ # _____ # _____

Exhibitors' Name _____

A copy of horse's registration must be on file.

Exhibitor/Horse/Pony must show at 3 affiliated shows to qualify for yearend awards and accumulate a minimum of 10 points.

*****Adding or Changing class or classes for points/ MUST be in writing*****

An amateur card for ICHA can be purchased for \$5.00 if you do not have one from U.S.E.F., Inc. (Amateur Application included) the card is good for 1 year.

Mail Applications, Papers & Check to:	2021 Membership Fee:	\$ _____
Inter-County Horsemen's Association, Inc. (ICHA)	Number of classes: _____ @ \$2 each	\$ _____
Brooke Kaschak	Amateur Card @ \$5	\$ _____
3628 Four Mile Run Rd	Total Due:	\$ _____
McDonald, OH 44437	Make check payable to ICHA	
330-219-5669	Check # _____	
lchapoints@yahoo.com		

I hereby accept the rules and regulations of ICHA and wish to become a member thereof.

Signature: _____ Date: _____