



NACMO MEMBERSHIP

NATIONAL ASSOCIATION ©
OF COMPETITIVE
MOUNTED ORIENTEERING

Office Use Only	
Entered online on _____	by _____
Verified on _____	by _____

Please make checks payable to: **Jeannie Payton**

Send completed membership application and fee to:
Jeannie Payton - Selkirk CMO Director
17215 S. Bluebird Road
Cheney, Wa. 99004

MEMBERSHIPS ARE VALID FROM THE DATE OF REGISTRATION THROUGH
DECEMBER 31 OF THE SAME CALENDAR YEAR.

NEW RENEWAL

SELKIRK CHAPTER DUES: \$10 E.WA/ID State Chapter Dues

National dues: \$40 FAMILY \$25 INDIVIDUAL LIFETIME MEMBERSHIP Total Enclosed \$ _____
Insurance Adjustment Fee \$ _____ (including Chapter Dues)

Please Print Clearly

List all family members:

Name _____ CMO # _____
 Adult Junior (birthdate required _____)

Name _____ CMO # _____
 Adult Junior (birthdate required _____)

Name _____ CMO # _____
 Adult Junior (birthdate required _____)

Name _____ CMO # _____
 Adult Junior (birthdate required _____)

Name _____ CMO # _____
 Adult Junior (birthdate required _____)

List all horse(s) that may be ridden for CMO's.

If a new horse was previously owned by a NACMO member, it keeps its NACMO number.
If you don't know that number, write the owner's name in the # space.
If the horse has never been issued a NACMO number, write "new" in the # space.

Horse (*Reg.)Name _____
Horse Stable (nickname) _____
CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse (*Reg.)Name _____
Horse Stable (nickname) _____
CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse (*Reg.)Name _____
Horse Stable (nickname) _____
CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse (*Reg.)Name _____
Horse Stable (nickname) _____
CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse (*Reg.)Name _____
Horse Stable (nickname) _____
CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

ADDRESS: _____ PHONE: _____
CITY: _____ FAX: _____
STATE: _____ ZIP: _____ - _____ EMAIL: _____

A SEPARATE SIGNED LIABILITY WAIVER FOR EACH MEMBER MUST BE ENCLOSED WITH THIS FORM. LIABILITY WAIVERS FOR DEPENDENTS UNDER AGE 18 MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

BY SIGNING BELOW, I AFFIRM THAT ALL MEMBERS OF THE FAMILY (AND PARENTS OR GUARDIANS FOR THOSE UNDER 18 YEARS OF AGE) HAVE READ, AGREE TO AND SIGNED THE RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION IN THE DOCUMENTS ACCOMPANYING THIS FORM.

SIGNED: _____ DATE: _____