



# NACMO MEMBERSHIP

NATIONAL ASSOCIATION  
OF COMPETITIVE  
MOUNTED ORIENTEERING

-Of ce Use Only-  
Entered online on \_\_\_\_\_ by \_\_\_\_\_  
Verif ed on \_\_\_\_\_ by \_\_\_\_\_

Send completed membership application and fee to:  
Rena Bartlett, 2901 Burns Rd, Rineyville, KY 40162  
Put KY/TN iCMO in the memo line.

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

State Dues:

\$10 KY/Tn State Dues

NEW  RENEWAL

National Dues:

\$40 Family  \$25 Individual

Lifetime Individual (\$0 Membership) \$5 Individual Lifetime Member Insurance adjustment fee

Lifetime Family (\$0 Membership) \$10 Family Lifetime Member Insurance adjustment fee

PAYMENT	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check # _____	
Total	
Enclosed \$ _____	

List all family members:

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
 Adult  Junior (birth date required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
 Adult  Junior (birth date required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
 Adult  Junior (birth date required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
 Adult  Junior (birth date required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
 Adult  Junior (birth date required \_\_\_\_\_)

List horses you own that are ridden in CMOs

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 Stable Name \_\_\_\_\_  
Registered Name \_\_\_\_\_  
CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Reg. Y N

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Registered Name \_\_\_\_\_  
CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Reg. Y N

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_

FAX: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ COUNTY \_\_\_\_\_

EMAIL: \_\_\_\_\_

A SEPARATE SIGNED LIABILITY WAIVER FOR EACH MEMBER LISTED ABOVE MUST ACCOMPANY 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, AGREED TO AND SIGNED THE RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION IN THE DOCUMENT(S) ACCOMPANYING THIS FORM.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_