NACMO MEMBERSHIP

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

NATIONAL ASSOCIATION
OF COMPETITIVE
MOUNTED ORIENTEERING

Send completed membership application and fee to:
Linda White 4004 W Jensen Rd Cheney, WA 99004

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

☐ NEW ☐ RENEWAL

National dues:
- ☐ FAMILY - $30 membership + $10 insurance ($40 total)
- ☐ INDIVIDUAL - $20 membership + $5 insurance ($25 total)
- ☐ INDIVIDUAL w/ Lifetime Award $0 membership + $5 insurance ($5 total)
- ☐ FAMILY w/ 1 Lifetime Award $10 membership + $10 insurance ($20 total)
- ☐ FAMILY w/ 2 Lifetime Awards $0 membership + $10 insurance ($10 total)

State dues: ☐ Selkirk Chapter Dues - $5 Total Enclosed $_____

Please Print Clearly

List all family members:

Name_____ CMO #_____
☐ Adult ☐ Junior (jr. birthdate required_____)

Name_____ CMO #_____
☐ Adult ☐ Junior (jr. birthdate required_____)

Name_____ CMO #_____
☐ Adult ☐ Junior (jr. birthdate required_____)

Name_____ CMO #_____
☐ Adult ☐ Junior (jr. birthdate required_____)

Name_____ CMO #_____
☐ Adult ☐ Junior (jr. 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 under 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:_____ PHONE1:_____

CITY:_____ PHONE2:_____

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: _____