



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:
IN/IL CMO. Put KY/TN CMO on the memo line..
Robin Sahner, 308 W. Delaware Ave, Urbana IL 61801

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

Horse Stable Name _____
Registered Name _____
CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse Stable Name _____
Registered Name _____
CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse Stable Name _____
Registered Name _____
CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse Stable Name _____
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: _____