

**NACMO MEMBERSHIP**

**APPLICATION**

**Send completed membership application and fee to:**

**MACMO**

**Jim Klein 24305 98th St NW, Zimmerman MN 55398**

Office Use Only

Entered online on \_\_\_\_\_\_\_ by \_\_\_\_\_\_\_

 Verified on \_\_\_\_\_ \_ by \_\_\_\_\_\_\_

NATIONAL ASSOCIATION

OF COMPETITIVE

MOUNTED ORIENTEERING

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)

 LIFETIME - N/C membership + $5 insurance ($5 total)

 **State dues:** MN/WI State Dues - $10 Total Enclosed $\_\_\_\_\_\_\_\_\_\_

Please Print Clearly

List all family members: 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.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CMO #\_\_\_\_\_\_\_ Horse (\*Reg.)Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adult Junior (birthdate required\_\_\_\_\_\_) Horse Stable (nickname)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CMO #\_\_\_\_\_\_\_ Horse (\*Reg.)Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adult Junior (birthdate required\_\_\_\_\_\_) Horse Stable (nickname)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CMO #\_\_\_\_\_\_\_ Horse (\*Reg.)Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adult Junior (birthdate required\_\_\_\_\_\_) Horse Stable (nickname)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CMO #\_\_\_\_\_\_\_ Horse (\*Reg.)Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CMO #\_\_\_\_\_\_\_ Horse (\*Reg.)Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adult Junior (birthdate required\_\_\_\_\_\_) 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_