



2023 NACMO MEMBERSHIP

NATIONAL ASSOCIATION
OF COMPETITIVE
MOUNTED ORIENTEERING

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

Send completed membership application and fee to:
NJ.PA.MD CMO c/o Dodie Sable
593 Old Route 22 Lenhartsville, PA 19534
(please make checks payable to NACMO)

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

NEW RENEWAL

New Members, please list your mentoring team or individual: _____

National dues: \$40 FAMILY \$25 INDIVIDUAL \$5 Renew LIFETIME Total Enclosed \$ _____

Please Print Clearly

List yourself first, and 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: _____

CELL: _____

STATE: _____ ZIP: _____ - _____

EMAIL: _____

RENEWING MEMBERS ... PLEASE COMPLETE THE ADDRESS / PHONE INFORMATION SO WE MAY UPDATE YOUR RECORDS, IF NECESSARY

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: _____