



**CHEVAL CANADIEN HORSE ASSOCIATION ONTARIO (CCHAO)
2024 Membership Form (January 1 – December 31)**

Please print in block letters.

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

MembershipType: (Please check appropriate type.)

Adult - 18 yrs and over, 1 CCHAO vote \$50 _____

Youth - 17 yrs and under, 1 CCHAO vote \$25 _____

Couple - 2 adults, 2 CCHAO votes \$80 _____

Family - 2 adults & related youth, 2 CCHAO votes \$100 _____

Associate - Does not own a Canadian Horse –Non-Voting \$25 _____

Voluntary Donation: \$ _____

Requested \$20 Donation to Upper Canada Village Horse Statue Project \$ _____

There are two ways you may pay your dues: by going to the CCHAO website, filling out the electronic membership form, and using the e-transfer address indicated **OR** by filling out this form and sending it along with a cheque **made out to Cheval Canadien Horse Association Ontario**, and mailing to Sandra Addison, CCHAO Treasurer, 32 Kitchen Road, Vittoria, ON N0E 1W0

If you would **NOT** like to have your name and e-mail address shared with other members, please check the following statement:

_____ I do not wish to have my name and contact information published in CCHAO’s membership directory.

Photo/Video Release Authorization

I, the undersigned, give permission to CCHAO and to its designated agents, to photograph/video me at CCHAO activities and to use such photographs/videos in all forms of media, for any and all promotional purposes.

I further consent to the use of my name in connection with the photographs/videos. I understand that I will not receive any payment for my time or expenses or any royalty for the use of the photo/video, and I hereby release CCHAO from any such claims.

Member’s Signature: _____

For Couple or Family Memberships, please provide additional names and signatures:

Parent’s Signature for members under 18 years of age: _____

Date: _____