

**PLEASE SHARE THIS FORM WITH OTHER CANADIAN HORSE ENTHUSIASTS**  
**CHEVAL CANADIEN HORSE ASSOCIATION ONTARIO (CCHAO)**  
**2025 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 \$ \_\_\_\_\_

**Other Voluntary Donation:** \$ \_\_\_\_\_

**Total remitted:** \$ \_\_\_\_\_

**Please make cheques payable to Cheval Canadien Horse Association Ontario and mail to:** Sandra Addison, 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: \_\_\_\_\_