

**\*\*\*PLEASE SHARE THIS FORM WITH OTHER CANADIAN HORSE ENTHUSIASTS\*\*\***

**CHEVAL CANADIEN HORSE ASSOCIATION ONTARIO (CCHAO)**

**2026 Membership Form (January 1 – December 31)**

**Please print in block letters:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Membership Type:** (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: \_\_\_\_\_