

2024 Membership Application & Renewal

Valid from 1st February 2025 to December 31st 2025



Primary Applicant Information: Member# _____ - Annual Membership - \$100.00 per Adult
Name: _____ \$ 40.00 per Youth

Waiver Forms only need to be signed once yearly

Address: _____

State: _____ Postcode: _____ Phone: _____

Email: _____

(All ACHCo correspondence will be sent to the above email address)

Circle all that apply: Pro - Non Pro – Youth – Judge

Have you ever shown under another name? Y/N - if yes _____

Has your horse been shown in other associations/clubs where your horse has accrued money/lifetime earnings? Y/N (please circle selection)

If yes, please list your horses name and lifetime earnings below

Horse: _____ Earnings: _____

Horse: _____ Earnings: _____

Horse: _____ Earnings: _____

Youth Competitors: _____ (only document youth D.O.B. if applicable if not put a cross X through it.)

Name: _____ Youth D.O.B. _____ Name: _____ Youth D.O.B. _____

Name: _____ Youth D.O.B. _____ Name: _____ Youth D.O.B. _____

Upon acceptance of this membership, I acknowledge that I and all members of my household riding under this membership shall comply with all ACHCo standing rules & regulations.

Signature of Primary Member: _____ Date: _____ Membership # _____