

**FLORIDA CUTTING HORSE ASSOCIATION
2010 MEMBERSHIP APPLICATION**

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

SS#: _____ NCHA #: _____

EMAIL: _____

SINGLE MEMBERSHIP
\$40 (PAPER NEWSLETTER)

FAMILY MEMBERSHIP
\$55 (PAPER NEWSLETTER)

SINGLE MEMBERSHIP
\$30 (E-MAIL NEWSLETTER)

FAMILY MEMBERSHIP
\$45 (E-MAIL NEWSLETTER)