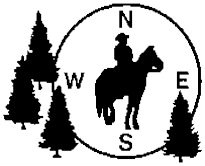


NACMO MEMBERSHIP



NATIONAL ASSOCIATION
OF COMPETITIVE
MOUNTED ORIENTEERING

Office Use Only
Entered online on _____ by _____
Verified on _____ by _____

Send completed membership application and fee to:
Jim Klein 24305 98th St. Zimmerman, MN 55398

MEMBERSHIPS ARE VALID FROM THE DATE OF REGISTRATION THROUGH
DECEMBER 31 OF THE SAME CALENDAR YEAR.

☐ NEW ☐ RENEWAL

National dues:

- ☐ FAMILY - \$30 membership + \$10 insurance (\$40 total)
☐ INDIVIDUAL - \$20 membership + \$5 insurance (\$25 total)
☐ INDIVIDUAL w/ Lifetime Award \$0 membership + \$5 insurance (\$5 total)
☐ FAMILY w/ 1 Lifetime Award \$10 membership + \$10 insurance (\$20 total)
☐ FAMILY w/ 2 Lifetime Awards \$0 membership + \$10 insurance (\$10 total)

State dues:

☐ MN/WI Chapter Dues - \$10 Total Enclosed \$ _____

Please Print Clearly

List all family members:

Name _____ CMO # _____
☐ Adult ☐ Junior (jr. birthdate required _____)

Name _____ CMO # _____
☐ Adult ☐ Junior (jr. birthdate required _____)

Name _____ CMO # _____
☐ Adult ☐ Junior (jr. birthdate required _____)

Name _____ CMO # _____
☐ Adult ☐ Junior (jr. birthdate required _____)

Name _____ CMO # _____
☐ Adult ☐ Junior (jr. birthdate required _____)

List all horse(s) that may be ridden for CMO's.

If a new horse was previously owned by a NACMO member, it keeps its NACMO number.
If you don't know that number, write the owner's name under the # space.
If the horse has never been issued a NACMO number, write "new" in the # space.

Horse (Reg.)Name _____
Horse Stable (nickname) _____
CMO# _____ Breed _____ Sex _____ Age _____ Reg. Y N

Horse (Reg.)Name _____
Horse Stable (nickname) _____
CMO# _____ Breed _____ Sex _____ Age _____ Reg. Y N

Horse (Reg.)Name _____
Horse Stable (nickname) _____
CMO# _____ Breed _____ Sex _____ Age _____ Reg. Y N

Horse (Reg.)Name _____
Horse Stable (nickname) _____
CMO# _____ Breed _____ Sex _____ Age _____ Reg. Y N

Horse (Reg.)Name _____
Horse Stable (nickname) _____
CMO# _____ Breed _____ Sex _____ Age _____ Reg. Y N

ADDRESS: _____

PHONE1: _____

CITY: _____

PHONE2: _____

STATE: _____ ZIP: _____ - _____

EMAIL: _____

A SEPARATE SIGNED LIABILITY WAIVER FOR EACH MEMBER MUST BE ENCLOSED WITH THIS FORM. LIABILITY WAIVERS FOR DEPENDENTS UNDER AGE 18 MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

BY SIGNING BELOW, I AFFIRM THAT ALL MEMBERS OF THE FAMILY (AND PARENTS OR GUARDIANS FOR THOSE UNDER 18 YEARS OF AGE) HAVE READ, AGREE TO AND SIGNED THE RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION IN THE DOCUMENTS ACCOMPANYING THIS FORM.

SIGNED: _____

DATE: _____