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

NACMO MEMBERSHIP

NATIONAL ASSOCIATION © OF COMPETITIVE MOUNTED ORIENTEERING

Make checks payable to "NACMO" or Paypal dodiesable@gmail.com

Send completed membership application and fee to:
Dodie Sable 593 Old Route 22
Lenhartsville, PA 19534 610.587.3626
Or email form to dodie@newpromisefarms.com

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

☐ NEW ☐ RENEWAL

		Membership	Ann. Ins. Fee		Total NACMO
National dues:	☐ FAMILY	$30	$10	=	**$40**
	☐ INDIVIDUAL	$20	$5	=	**$25**
	☐ INDIVIDUAL LIFETIME	$ 0	$5	=	**$ 5 **RM w/25+ rides**

Chapter dues: ☐ n/a

Total Enclosed $_____

Please Print Clearly

List all family members:

Name_____ CMO #_____
☐ Adult ☐ Junior (birthdate required_____)

Name_____ CMO #_____
☐ Adult ☐ Junior (birthdate required_____)

Name_____ CMO #_____
☐ Adult ☐ Junior (birthdate required_____)

Name_____ CMO #_____
☐ Adult ☐ Junior (birthdate required_____)

Name_____ CMO #_____
☐ Adult ☐ Junior (birthdate required_____)

List horses you own that are ridden in CMOs

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 in the # space.
If the horse has never been issued a NACMO number, write "new" in the # space.

Horse Stable Name _____
Registered Name _____
CMO#_____ Breed_____ Sex___ Age__ Reg. Y N

Horse Stable Name _____
Registered Name _____
CMO#_____ Breed_____ Sex___ Age__ Reg. Y N

Horse Stable Name_____
Registered Name _____
CMO#_____ Breed_____ Sex___ Age__ Reg. Y N

Horse Stable Name _____
Registered Name _____
CMO#_____ Breed_____ Sex___ Age__ Reg. Y N

Horse Stable Name _____
Registered Name _____
CMO#_____ Breed_____ Sex___ Age__ Reg. Y N

ADDRESS:_____ PHONE (LANDLINE):_____

CITY:_____ CELL PHONE:_____

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: _____