

The Ohio Cutting Horse Association
2025 MEMBERSHIP APPLICATION/RENEWAL

(Please Note: To be eligible for OCHA annual awards, all riders and horse owners must be OCHA members)

Adult Member #1 _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip _____

Email Address: _____

NCHA # _____ Jacket Size M / W _____ Shirt Size M / W _____

Adult Member #2 _____ Phone (____) _____

Email Address: _____

NCHA # _____ Jacket Size: M / W _____ Shirt Size M / W _____

Youth #1 _____ DOB ____/____/20____

Jacket Size _____ Shirt Size _____ NCHA# _____

Youth #2 _____ DOB ____/____/20____

Jacket Size _____ Shirt Size _____ NCHA# _____

MEMBERSHIP DUES-Pick which option you would like!!

____ X \$ 20 Youth Membership (WVCHA will donate the awards)=. \$ _____
____ X \$ 40 General Membership (points will be calculated for circuit) = \$ _____
____ X \$ 100 Year End Award Eligibility (points also) Membership =. \$ _____

Total \$ _____

Send Completed Application and Check Payable to OCHA

Other pay options-Venmo @Jenn-Matteson or Paypal-fit2be1@aol.com (Jennifer Garan)

Jenn Matteson
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