

# 2018 MEMBERSHIP FORM

c/o Cheri Smeeton  
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## Please Help Your Association!

We need to raise over \$30,000.00 for Awards and Added Money this year.

I will become a Member Sponsor in the amount of \$ \_\_\_\_\_.

“Thank You”

Individual	\$ 60.00
Youth	\$ 10.00
Family	\$100.00

All BC Residents must also be a member of Horse Council of BC.  
HCBC website: [www.hcbc.com](http://www.hcbc.com)

We are making an attempt to improve communications amongst cutters by implementing our website: [www.bccha.ca](http://www.bccha.ca)

The BCCHA website will provide information to cutters about this association, newsletters, contact information of BCCHA Directors, regular up-to-date show schedules and standings.

It is our goal to strongly encourage all members to access the website for this information and thus reduce the expenses incurred by having to mail newsletters by mail.

The website [www.bccha.ca](http://www.bccha.ca) will also offer advertising opportunities to companies wishing to promote this amazing sport by becoming a BCCHA Sponsor. If you know of anyone interested in advertising on our website please contact Cheri Smeeton at [csmeeton@shaw.ca](mailto:csmeeton@shaw.ca)

Membership to the BCCHA is from January 1 - December 31<sup>st</sup>. At this time membership expires and renewal is required. You must be a member in good standing for points to count for year-end awards. Please complete the application in full. Our information is only as current as what is provided to us.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ PC: \_\_\_\_\_

Province: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

HCBC# \_\_\_\_\_ NCHA# \_\_\_\_\_

CCHA# \_\_\_\_\_

BCCHA requires collection of personal information (as appears on the membership application) for the purpose of providing all privileges and services to their membership. This information will only be used for disclosed as in reasonably expected, necessary or requested by our membership or the Board of Directors. I hereby consent to the collection use or disclosure of all personal information contained on the membership form and the BCCHA will only use or disclose such information as is reasonably expected, necessary or requested. Please indicate expectations below:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_