



**2018 Membership Form**

c/o Shauna Reinhardt

Box 506, Irricana, Alberta T0M 1B0

403-935-2353/fx-403-935-4119 email achacutacow@gmail.com

Individual	\$78.75	_____
Family	\$157.00	_____
Youth	\$26.75	_____ (DOB) _____
Western Horse Review		
Subscription	\$13.65	_____ (Forwarded) _____
(2011 subscription ends March 2012)		
<b>Total Amount Enclosed</b>		_____

**Name(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/Prov.** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**\*\*Email** \_\_\_\_\_ + **Fax** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Alberta Personal Information Protection Act (PIPA)**

The ACHA 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 or disclosed as is reasonably expected, necessary or requested by our membership or the Board of Directors. The ACHA is making every attempt to be in compliance with PIPA.

I hereby consent to the collection use or disclosure of all personal information contained on the membership form and the ACHA will only use or disclose such information as is reasonably expected, necessary or requested. Please indicate expectations below:

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**NCHA #** \_\_\_\_\_ **2018 Verified** \_\_\_\_\_

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

**Horse's Reg. Papers- Yes** \_\_\_\_\_ **No** \_\_\_\_\_