



2019 Membership Form

c/o Shauna Reinhardt

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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) _____
(2018 subscription ends March 2019)		
Total Amount Enclosed		_____

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 # _____ 2019 Verified _____

CCHA # _____

Horse's Reg. Papers- Yes _____ No _____