



# 2019 NACMO MEMBERSHIP

NATIONAL ASSOCIATION ©  
OF COMPETITIVE  
MOUNTED ORIENTEERING

Office Use Only  
Entered online on \_\_\_\_\_ by \_\_\_\_\_  
Verified on \_\_\_\_\_ by \_\_\_\_\_

Send completed membership application and fee to:  
NJ/PA/NY CMO c/o Dodie Sable  
593 Old Route 22 Lenhartsville, PA 19534  
*(please make checks payable to NACMO)*

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

NEW  RENEWAL

New Members, please list your mentoring team or individual: \_\_\_\_\_

National dues:  \$40 FAMILY  \$25 INDIVIDUAL  \$5 Renew LIFETIME 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 all horse(s) that may be ridden for CMO's.

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 (\*Reg.)Name \_\_\_\_\_

Horse Stable (nickname) \_\_\_\_\_

CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Reg. Y N

Horse (\*Reg.)Name \_\_\_\_\_

Horse Stable (nickname) \_\_\_\_\_

CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Reg. Y N

Horse (\*Reg.)Name \_\_\_\_\_

Horse Stable (nickname) \_\_\_\_\_

CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Reg. Y N

Horse (\*Reg.)Name \_\_\_\_\_

Horse Stable (nickname) \_\_\_\_\_

CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Reg. Y N

Horse (\*Reg.)Name \_\_\_\_\_

Horse Stable (nickname) \_\_\_\_\_

CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Reg. Y N

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_

CELL: \_\_\_\_\_

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: \_\_\_\_\_