



NACMO MEMBERSHIP

NATIONAL ASSOCIATION ©
OF COMPETITIVE
MOUNTED ORIENTEERING

Please make checks payable to: **Kellie Booher**

Send completed membership application and fee to:
Kellie Booher – Selkirk CMO Co-Director
42107 N. Frantz Rd.
Elk, WA 99009

Office Use Only
Entered online on _____ by _____
Verified on _____ by _____

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

NEW RENEWAL

State dues: \$5 E.WA/ID State Dues

National dues: \$40 FAMILY \$25 INDIVIDUAL LIFETIME MEMBERSHIP Total Enclosed \$ _____
Insurance Adjustment Fee \$ _____

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: _____

FAX: _____

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: _____