



NACMO MEMBERSHIP

NATIONAL ASSOCIATION ©
OF COMPETITIVE
MOUNTED ORIENTEERING

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

Make checks payable to **Stacey Mason or IN/IL CMO**
Send completed membership application and fee to:
Stacey Mason 7436 N County Rd 725 E
Bainbridge, IN 46105

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

NEW RENEWAL

State dues: \$10 IN/IL State Dues

National dues: \$40 FAMILY \$25 INDIVIDUAL LIFETIME \$5 Single/\$10 Family insurance

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 horses you own that are ridden in CMOs

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 Stable Name _____

Registered Name _____

CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse Stable Name _____

Registered Name _____

CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse Stable Name _____

Registered Name _____

CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse Stable Name _____

Registered Name _____

CMO# _____ Breed _____ Sex ___ Age ___ Reg. Y N

Horse Stable Name _____

Registered Name _____

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: _____