



# NACMO MEMBERSHIP

NATIONAL ASSOCIATION ©  
OF COMPETITIVE  
MOUNTED ORIENTEERING

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

Make checks payable to "NAACMO" or  
Paypal [horsingaroundpa@gmail.com](mailto:horsingaroundpa@gmail.com)  
Send completed membership application and fee to:  
Hannah Blasch 271 Forgdale Rd  
Fleetwood, PA 19522 660.429.9443  
Or email form to [horsingaroundpa@gmail.com](mailto:horsingaroundpa@gmail.com)

MEMBERSHIPS ARE VALID FROM THE DATE OF REGISTRATION THROUGH  
DECEMBER 31 OF THE SAME CALENDAR YEAR of \_\_\_\_\_

NEW  RENEWAL

National dues:	Membership	Ann. Ins. Fee	Total NACMO
<input type="checkbox"/> FAMILY	\$30	\$10 =	<b>\$40</b>
<input type="checkbox"/> INDIVIDUAL	\$20	\$5 =	<b>\$25</b>
<input type="checkbox"/> INDIVIDUAL LIFETIME	\$ 0	\$5 =	<b>\$ 5 **RM w/25+ rides</b>

Chapter dues:  n/a

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. \_\_\_

Horse Stable Name \_\_\_\_\_

Registered Name \_\_\_\_\_

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

Horse Stable Name \_\_\_\_\_

Registered Name \_\_\_\_\_

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

Horse Stable Name \_\_\_\_\_

Registered Name \_\_\_\_\_

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

Horse Stable Name \_\_\_\_\_

Registered Name \_\_\_\_\_

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

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

PHONE (LANDLINE): \_\_\_\_\_

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

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

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: \_\_\_\_\_