



WCHA
235 St Andrews Drive
Calhoun, LA 71225
Email: touchdownkid95@gmail.com
www.conformationhorse.com

2026 Membership Form

Name on Membership: _____ Tax Id/SS# _____

ADDRESS: _____

CITY: _____ STATE/ PROVIDENCE: _____ ZIP CODE: _____

DAY PHONE: _____ EMAIL: (Print Clearly): _____

_____ 2026 NEW MEMBERSHIP OR _____ 2026 RENEWAL

_____ Annual Regular Membership (Amateur/Non Pro – Open - Ranch - Partnership) - \$50.00

_____ Annual Youth Membership (AGE 18 OR UNDER AS OF JANUARY 1ST) - \$25.00

_____ Annual Joint Membership - \$90.00 (Husband/Wife Only)

_____ Lifetime Single or Ranch/Corporation/Partnership/Trust - \$500.00

_____ Lifetime Joint - \$500 (This will comply with owner/exhibitor rules for Husband and Wife)

To compete in WCHA sanctioned events the Owner and Exhibitor must “both” be current WCHA members. However, by purchasing a Joint Membership the Husband and Wife will comply with Owner/Exhibitor rules with one membership if the horse is registered under same joint name otherwise Owner and Exhibitor must have separate memberships.

- **Non-pro Eligibility:** Exhibitor has not shown, received commissions for selling horse to a third party, judged, trained or assisted in training a horse for remuneration, nor received compensation for instructing another person in riding, training or showing a horse, for three (3) years previous to application for Non-pro membership. Horse Ownership For Non Pro Competition: Solely owned by the non-pro, his/her immediate family or other business entity in which the Non-pro and/or a member of his/her immediate family are the sole and only owner. A Non-pro cannot be an approved horse show judge for any association or have judged an open, 4-H or breed show for the past 36 months. **Violations will be grounds for forfeiture of all prizes, prize monies and of all fees paid and possible suspension from the association.**

PAYMENT METHOD: _____ CASH _____ CHECK (ENCLOSED) _____ CREDIT CARD (BELOW)

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXP. DATE _____ CVV CODE: _____ BILLING ZIP CODE: _____

SIGNATURE: _____ DATE: _____

APPLICATIONS MAY BE ACCEPTED OR DENIED WITHOUT RECOURSE OF ANY NATURE. MEMBERSHIP BEGINS THE DAY THE MEMBERSHIP FORM AND PAYMENT ARE RECEIVED BY THE WCHA OFFICE OR BY A WCHA EVENT SHOW OFFICE REPRESENTING THE WCHA AND EXPIRES DECEMBER 31 OF THE CALENDAR YEAR OF PURCHASE.

Your WCHA Membership INCLUDES Free Subscription To The EQUINE CHRONICLE !!