

PLEASE SEND PAYMENT AND FORM TO: ICHA 1362E 4175N Buhl, ID 83316 Phone: 208-731-2819 or 208-720-0413 E-mail: info@idahocha.com



W-9/MEMBERSHIP FORM

IDAHO CUTTING HORSE ASSOCIATION

Idaho Weekend Shows-ICHA Futurity & Aged Events

PLEASE COMPLETE AND RETURN THE ENTIRE
TAX PAYER & MEMBERSHIP APPLICATION BELOW

Print or type	Name (as shown on your income tax return)		
	Business name, if different from above		
	Check appropriate box:		Exempt from backup withholding
	<input type="radio"/> Individual/Sole proprietor <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Other		<input type="radio"/>
	Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	City, state, and ZIP code		Idaho Cutting Horse Association 1362E 4175N Buhl, ID 83316 ICHA Tax ID # 82-0382722
	Email		Phone
NCHA Number			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see www.irs.gov. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on www.irs.gov. **Note.** If the account is in more than one name, see the www.irs.gov for guidelines on whose number to enter.

Social security number
<div style="display: flex; justify-content: space-around;"> + + </div>
or Employer identification number

PLEASE CHECK MEMBERSHIP TYPE:

INDIVIDUAL \$55.00 () FAMILY \$85.00 () YOUTH \$15.00 ()
 (Family members must live at the same address) (18 years or younger)

Voluntary Donation to Youth Scholarship Check Off: **AMOUNT \$** _____

Voluntary Donation to ICHA: **AMOUNT \$** _____ (ICHA General Fund, for use where need is the greatest)

Additional Family Members:

NAME	NCHA#	SOC.SEC#
1.		
2.		
3.		

TO PAY BY CREDIT CARD FILL OUT BELOW (must include billing address if different from above) Check **Here** to have invoice sent

Mastercard or Visa (circle one) Card # _____ Exp date _____

Name on card _____ Signature _____ Date _____ TOTAL

AMOUNT TO BE CHARGED \$ _____ 3 digit code _____ **3% will be added for all charges**

BILLING ADDRESS _____

Release from Liability and Waiver of Responsibility

If contestant is under 21 years of age, both contestant and parent or legal guardian must sign this form

As a condition to participate in this event, the ICHA, its directors, officers, employees, members, agents and representatives ARE HEREBY RELEASED from all claims, demands, or causes of action of any kind or nature whatsoever; whether now existing or to hereafter accrue, or account of any damage, cost or expense (i) AS A RESULT OF ANY BODILY INJURY, LOSS OR DAMAGE TO ANY ANIMALS, EQUIPMENT OR OTHER PERSONAL PROPERTY FROM ANY CAUSE WHATSOEVER INCLUDING, BUT NOT LIMITED TO, THE SOLE OR CONCURRENT NEGLIGENCE OF ICHA, ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES; or (ii) as a result of the interpretation or enforcement of the ICHA Constitution, Bylaws, Rules or Regulations and the risk of any such damage, cost or expense which may occur by reason of foregoing is hereby assumed and accepted. This waiver is binding on the undersigned as well as all riders, grooms, other helpers associated with the participation of the horse described herein in this event, and the undersigned indemnifies the ICHA from all claims, demands, or causes of action based on any of the foregoing. (iii) the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me. This waiver is binding on the undersigned as well as all riders, grooms, other helpers associated with the participation of the horse described herein in this event, and the undersigned indemnifies the ICHA from all claims, demands, or causes of action based on any of the foregoing.

Signature _____ Date _____

Signature _____ Date _____