



South Dakota Reined Cow Horse Association

Membership and Release Form

Membership: Please Mark One

_____ Individual: \$25

_____ Family: \$30

_____ Partnership (one membership): \$30

*Note: Annual Memberships expire December 31st

Name: _____

Family Members: _____

*only fill out if you mark a family membership

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I understand that the SDRCHA is not responsible for any accidents or injuries. I will not hold its officers, directors, or members responsible or liable for any personal injuries, property loss, or damage while I participate in the Association's activities.

Signature _____

Date _____

Please return this form and
membership fees to:
Deb Brown, SDRCHA Treasurer
P.O. Box 655
Buffalo, SD 57720