



2022 Membership Form

c/o Shauna Reinhardt

Box 506, Irricana, Alberta T0M 1B0

403-935-2353/fx-403-935-4119 email achacutacow@gmail.com

Individual	\$78.75	_____
Family	\$157.00	_____
Youth	\$26.75	_____ (DOB) _____
(2019 subscription ends March 2020)		
Total Amount Enclosed		_____

Name(s) _____ **Date** _____

Address _____

City/Prov. _____ **Postal Code** _____

Home Phone _____ **Business Phone** _____

****Email** _____ **Fax** _____ **Cell** _____

Alberta Personal Information Protection Act (PIPA)

The ACHA requires collection of personal information (as appears on the membership application) for the purpose of providing all privileges and services to their membership. This information will only be used or disclosed as is reasonably expected, necessary or requested by our membership or the Board of Directors. The ACHA is making every attempt to be in compliance with PIPA.

I hereby consent to the collection use or disclosure of all personal information contained on the membership form and the ACHA will only use or disclose such information as is reasonably expected, necessary or requested. Please indicate expectations below:

Signed _____ **Date** _____

NCHA # _____ **2020 Verified** _____

Horse's Reg. Papers- Yes _____ **No** _____