



MEMBERSHIP

NATIONAL ASSOCIATION ©
OF COMPETITIVE
MOUNTED ORIENTEERING

Office Use Only
Entered online on _____ by _____
Verified on _____ by _____

Send completed membership application and fee to:
MiCMO / Barb Drake 4545 W. Walker, St. Johns, MI 48879
(preferred) or NACMO Jim Klein 24305 98th St NW, Zimmerman MN
55398

NEW RENEWAL **State dues:** \$10 MI State dues

National dues: \$30 FAMILY \$20 INDIVIDUAL LIFETIME Total Enclosed \$ _____

Please Print Clearly

List all family members:

Name _____ # _____

Adult Junior (birthdate required _____)

Name _____ # _____

Adult Junior (birthdate required _____)

Name _____ # _____

Adult Junior (birthdate required _____)

Name _____ # _____

Adult Junior (birthdate required _____)

Name _____ # _____

Adult Junior (birthdate required _____)

List all horse(s) that may be ridden for CMO's.

* List horse(s) name as it appears on registration papers if applicable

* If horse has never been issued a NACMO number, write "new" in the # line.

Horse (*Reg.)Name _____

Horse Stable (nickname) _____

_____ Breed _____ Sex _____ Age _____ Reg. Y N

Horse (*Reg.)Name _____

Horse Stable (nickname) _____

_____ Breed _____ Sex _____ Age _____ Reg. Y N

Horse (*Reg.)Name _____

Horse Stable (nickname) _____

_____ Breed _____ Sex _____ Age _____ Reg. Y N

Horse (*Reg.)Name _____

Horse Stable (nickname) _____

_____ Breed _____ Sex _____ Age _____ Reg. Y N

Horse (*Reg.)Name _____

Horse Stable (nickname) _____

_____ Breed _____ Sex _____ Age _____ Reg. Y N

ADDRESS: _____

PHONE: _____

CITY: _____

FAX: _____

STATE: _____ ZIP: _____ - _____ COUNTY _____

EMAIL: _____

I WANT TO HELP PRESERVE HORSEMEN'S RIGHTS TO USE HORSES FOR RECREATION ON PUBLIC LANDS. YOU MAY USE MY NAME WHEN LOBBYING FOR MORE RECREATIONAL AREAS FOR HORSEMEN TO USE.

LEGISLATIVE DISTRICT _____ STATE SENATOR _____

RECOGNIZING THE FACT THAT THERE IS A POTENTIAL FOR ACCIDENTS WHERE EVER HORSE USE IS INVOLVED WHICH CAN CAUSE INJURIES TO HORSES, RIDERS, AND SPECTATORS AND ALSO RECOGNIZING THE FACT THAT THE NATIONAL ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING; NATIONAL ASSOCIATION OF COMPETITIVE DRIVING ORIENTEERING; AMERICAN ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING; WASHINGTON ASSOCIATION OF COMPETITIVE MOUNTED ORIENTEERING; ALL OTHER STATE CHAPTERS THROUGHOUT THE UNITED STATES AND THE WORLD, OFFICERS, DIRECTORS, OR MEMBERS, CANNOT ALWAYS KNOW THE CONDITIONS OF TRAILS, ROADWAYS, OR THE EXPERIENCE OF THE RIDERS, DRIVERS, OR HORSES TAKING PART IN TRAIL RIDES OR DRIVING EVENTS OR OTHER NACMO, NACDO, AACMO, WACMO, OR ORIENTEERING EVENTS, OR FUNCTIONS.

I HEREBY RELEASE THE ABOVE NAMED FROM ANY CLAIM OR RIGHT FOR DAMAGES WHICH MIGHT OCCUR TO ME, MY MINOR CHILDREN, OR HORSES.

By signing below, I state that I have read and agree to abide by the NACMO/MiCMO rules

SIGNED: _____

DATE: _____