



2026 MEMBERSHIP APPLICATION

I hereby apply for membership: Family: \$45.00 (2 votes) Single \$35.00 (1 vote)
Contribute \$10.00 to our Youth Scholarship Today! YES NO

Total Amount Enclosed: _____

Name (print) _____ Phone # _____

Address _____

City, State, Zip _____ NCHA # _____

Email _____ Soc Sec# for 1099 _____

For family membership, please complete below:

Spouse Name _____

Children Names (List Names and Ages as of January 1, 2026) _____

In Case of Emergency – Contact Name: _____ Phone: _____

“I have read the Central Oregon Cutting Horse Association By-Laws and Rules (www.cochacutting.com) and by signing this membership application agree to abide by the By-Laws and Rules and agree to the conditions stated above”.

Signature: _____ (REQUIRED) Date: _____
(If under 18 years of age, signature of parent or legal guardian is required also)

HOLD HARMLESS AGREEMENT/ WAIVER AND RELEASE OF LIABILITY

I understand and am aware of the risks and hazards associated with participation in an equine activity. I acknowledge that Oregon State Law (OR 30.687-697) provides that an equine sponsor such as Central Oregon Cutting Horse Association (COCHA) shall not be held liable for injury occurring as a result of risks inherent in an equine activity. All riders under the age of 18 are required to wear a helmet. By my signature below, I agree to assume all risks inherent in an equine activity and release COCHA from / for any injury or damage occurring while attending or participating in a function sponsored by COCHA.

Signature: _____ (REQUIRED) Date: _____
(If under 18 years of age, signature of parent or legal guardian is required also)

Please mail to: COCHA 64230 Schibel Road, Bend, Oregon 97701