



2026 TCHA MEMBERSHIP CARD

TCHA# _____ DATE _____

03.05.26

NAME _____
(As you would want it listed for points and year-end awards)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE GROUP _____ RIDER'S AGE ON JAN 1 _____

HORSE'S NAME _____

SEX _____ AGE _____ BREED _____

Name of Parent/legal guardian if 18 & Under _____

TELEPHONE NUMBER _____

EMAIL _____

Membership Fees:

\$25 – per horse/rider combination

Corresponding number sequences:

26 & over: 700 numbers

Ages 14-25: 600 numbers

Ages 13 & under: 500 numbers

Numbers are on a first come first paid basis

Please send forms and payment to:

TCHA

Points Secretary

PO Box 123

Niagara, WI 54151-0123