



# NACMO MEMBERSHIP

NATIONAL ASSOCIATION ©  
OF COMPETITIVE  
MOUNTED ORIENTEERING

Office Use Only  
Entered online on \_\_\_\_\_ by \_\_\_\_\_  
Verified on \_\_\_\_\_ by \_\_\_\_\_

Send completed membership application and fee to:  
**NDACMO**  
Gale Coleman, PO Box 513, Minot, ND 58702

MEMBERSHIPS ARE VALID FROM THE DATE OF REGISTRATION THROUGH  
DECEMBER 31 OF THE SAME CALENDAR YEAR.

☐ NEW ☐ RENEWAL

State dues: ☐ \$5 ND State Dues

National dues: ☐ \$30 FAMILY ☐ \$20 INDIVIDUAL ☐ LIFETIME

Total Enclosed \$ \_\_\_\_\_

Please Print Clearly

List all family members:

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
☐ Adult ☐ Junior (birthdate required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
☐ Adult ☐ Junior (birthdate required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
☐ Adult ☐ Junior (birthdate required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
☐ Adult ☐ Junior (birthdate required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
☐ Adult ☐ Junior (birthdate required \_\_\_\_\_)

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

If a new horse was previously owned by a NACMO member, it keeps its NACMO number.  
If you don't know that number, write the owner's name in the # space.  
If the horse has never been issued a NACMO number, write "new" in the # space.

Horse (\*Reg.)Name \_\_\_\_\_  
Horse Stable (nickname) \_\_\_\_\_  
CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Reg. Y N

Horse (\*Reg.)Name \_\_\_\_\_  
Horse Stable (nickname) \_\_\_\_\_  
CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Reg. Y N

Horse (\*Reg.)Name \_\_\_\_\_  
Horse Stable (nickname) \_\_\_\_\_  
CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Reg. Y N

Horse (\*Reg.)Name \_\_\_\_\_  
Horse Stable (nickname) \_\_\_\_\_  
CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Reg. Y N

Horse (\*Reg.)Name \_\_\_\_\_  
Horse Stable (nickname) \_\_\_\_\_  
CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Reg. Y N

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_

FAX: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ COUNTY \_\_\_\_\_

EMAIL: \_\_\_\_\_

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.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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 \_\_\_\_\_