



European Reined Cow Horse Association

2025 Membership Application

Valid From Nov. 16, 2024 - Nov. 15, 2025



Just Great Riders

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  Renew Member # \_\_\_\_\_

Ranch/Business \_\_\_\_\_  New Member

Street Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Fiscal Code \_\_\_\_\_

TYPE OF MEMBERSHIP

European General Membership - € 120

European Regional Membership - € 60 [valid for Ercha regional shows only]

Open  Non Pro  Youth  Owner

Payment

Cash  Bank Transfer

Bank: BANCA SELLA FIL. DI CIGLIANO (VC) ITALY

Account Name: ERCHA

Iban: IT31X0326844410052219002380

Swift or bic: selbit2bxxx

ALL MEMBERS MUST SIGN HERE

I, the undersigned, have read and understand the European Reined Cow Horse Association membership eligibility category definitions. I understand that the full responsibility concerning my eligibility rests solely on me. ERCHA, its officers, directors, employees are not held responsible for the burden of proof for my eligibility. Should I be found not eligible for said division after competing, all money, prizes, and points shall be forfeited and returned to the ERCHA office upon notification to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NON PRO APPLICATION - Non Pro riders must sign this section and also complete a Non Pro Declaration every year

Non Pro Renewal  New Non Pro

I, the undersigned, have read and understand the European Reined Cow Horse Association Non Pro definitions and rules and will abide by them. I also understand that if there is a change in my status or eligibility that I must inform the European Reined Cow Horse Association within 30 days of that change. I understand that my Non Pro application will be reviewed by the Non Pro Committee and may be reviewed by the ERCHA Board of Directors and their decision shall be final.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALL MEMBERS MUST SIGN HERE

I declare to have received the information for the processing of personal data, pursuant to art. 13 of the European regulation 2016/679. I also consent that the data concerning the registration could be communicated to the entities with which the association cooperates and from these treaties to the extent necessary for the fulfillment of obligations under the law, by the rules statutory and sports regulations.  
The applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Send This Form To:  
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Ph +39 338 8860657 • E [ercha.otto@gmail.com](mailto:ercha.otto@gmail.com)