



**All Pro Canadian
Chuckwagon & Chariot Association**
Email: secretary@allprochuckwagon.com
Website: www.allprochuckwagon.com



MEMBERSHIP & WAIVER FORM

Name: _____

Year: _____

Address: _____

Postal Code: _____

Phone Number: _____

Email: _____

(Required for e-transfers and email updates. If you have a different email for etransfer than communication, please list both)

I hereby request that my application be accepted into the All-Pro Canadian Chuckwagon & Chariot Association. I fully understand that my application will be reviewed and I agree to the following conditions:

1. Payment of annual fee must accompany my application
2. There will be a minimum probation period of 1 year or more
3. I may attend meetings but will not have voting privileges while on probation
4. After maintaining a one-year membership and providing I am not on probation, I may apply for voting status
5. I will have my horses measured by the APCC&CA
6. I will follow the rules, regulations and promote the association in a professional manner for the betterment of all and the sport

Family members are invited and encouraged to join, but must submit an application individually

Numbers of Years Driving: _____

Name of other Associations Joined: _____



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WAIVER

I, _____, a member of the All-Pro Canadian Chuckwagon & Chariot Racing, waive any claim for damage sustained to myself as a result of participation in a chuckwagon or chariot event at any fair, sports association, rodeo or related event in the province of Alberta, during the year of _____.

As a chariot or chuckwagon owner/driver, I take full responsibility for the safety of any passenger, child or adult in my outfit, whether it is in camp, on the way to and from the track, or in the infield during the races.

The All-Pro Canadian Chuckwagon & Chariot Racing has the power to hold horses and equipment over any offence or problem incurred by that outfit until a solution is reached. The president and/or review committee may, in their sole opinion, conduct blood tests as they deem necessary.

Date: _____

Signature: _____

Membership Payment: Paid Cash _____ Paid Cheque _____
(check one)

Received By: _____
(APCC&CA Executive Name & Title)

Companion Cards Needed:

A spouse and any children under the age of 14 years

Name: _____

Name: _____

Name: _____

Name: _____