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## Comanche Crossing Horsemen's Association, Inc.

I do hereby request membership of the Comanche Crossing Horsemen's Association and enclose my/our dues of \_\_\_\_\_, for the calendar year of 2019.

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (     ) \_\_\_\_\_

Email \_\_\_\_\_

List Children: (18 & Under)	Birthdate	<b>Annual Membership Fees</b> Single \$20.00 Family \$30.00 Business \$35.00 Please choose newsletter delivery preference. <input type="checkbox"/> E-mail <input type="checkbox"/> None, I will access it from the CCHA website

I understand that CCHA membership is governed by the regulations as set forth in the by-laws of the Comanche Crossing Horseman's Association. Violation of rules and/or by-laws will result in penalties and/or cancellation of our/my membership without refund of dues.

Signature \_\_\_\_\_

Please place a checkmark next to which membership you are joining.  
Single \_\_\_\_\_ Family \_\_\_\_\_ Business \_\_\_\_\_ (Please enclose a Business Card)

Mail to:  
Comanche Crossing Horsemen's Association  
P.O. Box 538  
Byers, CO 80103

