

**Please make sure you have a valid and legible e-mail address entered  
because we will doing our communications electronically!!!**

## **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 2018

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (    ) \_\_\_\_\_

Email \_\_\_\_\_

<i>List Children: (18 &amp; Under)</i>	<i>Birthdate</i>

### **Annual Membership Fees**

Single \$20.00

Family \$30.00

Business \$35.00

Please choose newsletter  
delivery preference.

Donation \$ \_\_\_\_\_

E-mail

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.

**Please place a checkmark next to which membership you are joining.**

Single \_\_\_\_\_ Family \_\_\_\_\_ Business \_\_\_\_\_ (Please enclose a Business Card)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail to:**

***Comanche Crossing Horsemen's Association***

***P.O. Box 538 Byers, CO 80103***