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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 2021.

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Phone # () _____

Email _____

List Children: (18 & Under)	Birthdate	Annual Membership Fees Single \$20.00 Family \$30.00 Business \$40.00

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 _____ Date _____

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

