

2008 JCDHA MEMBERSHIP FORM

MEMBERSHIP: SINGLE \$10.00 or FAMILY \$15.00

PAYMENT METHOD: CASH or CHECK

MEMBER NAME(S): _____

CHILDRENS' NAMES/AGES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ CELL #: _____

RECEIVE CLUB MINUTES BY: EMAIL or LETTER (us post office)

E-MAIL ADDRESS: _____

OWN HORSES: NO or YES ; BREED OWNED: _____