

**Membership Application THE CONTRA COSTA COUNTY HORSEMAN'S ASSOCIATION (CCCHA)**

Type of Membership \_\_\_ Family (45.00) \_\_\_ Individual (30.00) \_\_\_ Junior (15.00) \_\_\_ Lifetime

**Membership Information**

**FAMILY MEMBERSHIP**

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Cell# \_\_\_\_\_

Cell# \_\_\_\_\_

Work# \_\_\_\_\_

Work# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Minor #1 \_\_\_\_\_

Minor #2 \_\_\_\_\_

(Name)

(Name)

Cell# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Household Address \_\_\_\_\_ Home # \_\_\_\_\_

**How would you like to receive newsletter** \_\_\_\_\_ Emailed or \_\_\_\_\_ Mailed to house

**Individual Membership**

**Junior Membership**

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Birthdate \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Household Address \_\_\_\_\_ Household Address \_\_\_\_\_

**How would you like to receive newsletter** \_\_\_\_\_ email \_\_\_\_\_ mailed to your house

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I (my family) hereby apply for membership in the CCCHA and if accepted I agree to participate and abide by all rules and regulations as set forth in the bylaws.**

\$ \_\_\_\_\_ Amt received Paid by \_\_\_ cash \_\_\_ check # \_\_\_\_\_

