



DOUGLAS-ELBERT COUNTY HORSE COUNCIL

Membership Application (please print clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home _____ Cell _____

Work _____

Email: _____

Type of Membership:

_____ Individual/Family \$15/annually

_____ Individual/Family \$200/Lifetime

_____ Organization \$50/annually

Name of Organization _____

_____ Commercial/Corporation \$75/annually

Name of Corporation _____

I would like to Volunteer for:

Evacuation sites _____ Be a Board member _____

Clinics _____ Other _____

Workdays _____

We host clinics about 4 times/year. Please let us know if there is a topic you would like to suggest:

Mail application and check to:

Douglas-Elbert County Horse Council
PO Box 2572
Parker CO 80134