



Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

A membership year runs from January to January. Please include your check for \$50 for a family membership and mail to:

CRCA
P O Box 535
Kiowa, CO 80117

If you have any questions, please contact Jerry Peters at (303) 621-9625 or jerry.h.peters@gmail.com