

Please make sure you have a valid and legible e-mail address entered because we will do our communications electronically!!!



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 2024.

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Phone # () _____

Email _____

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

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. I, THE UNDERSIGNED, DO HEREBY VOLUNTARILY RELEASE COMANCHE CROSSING HORSEMEN'S ASSOCIATION FROM ALL CLAIMS, DAMAGES, ACCIDENT OR INJURY TO MYSELF, OR TO MY ANIMAL(S) OR EQUIPMENT WHILE ON THE PREMISES OF THE SHOW GROUNDS OR OTHERWISE ALL OR ANY PERSONS CONNECTED WITH THE EVENT.

Signature _____ Date _____

Please place a checkmark next to which membership you are joining.

Single _____ Family _____ Business _____ (Please en-

Mail to:
Comanche Crossing Horsemen's Association
P.O. Box 538
Byers, CO 80103

