

Application for LCHA Membership

The LCHA Membership year runs from June 1 until May 31 of the following year.

Name(s): _____

Paid by:

Address: _____

Check # _____

City: _____

Cash

State: _____ **Zip:** _____

Preferred Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Type of Membership (Check One)

Individual	\$24.00
Family	\$36.00
Business	\$40.00
Trial(30 Days) Ind.	\$ 6.00
Trial(30 Days) Fam.	\$ 8.00

We have an E-group to communicate among members. May we add your email address to the group?

Yes _____ No _____

The newsletter is available on-line, but can be mailed to you if you are not able to access on-line.

_____ I am able to access the newsletter on-line, Please add me to the notification list.

_____ I prefer that my newsletter be mailed to me.

Make your check payable to:

Larimer County Horseman's Association OR LCHA

Mail to:

Larimer County Horseman's Association
P.O. Box 270375
Fort Collins, CO 80527-0375