



Application for LCHA Membership

Name (s): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Work Phone: _____

Email address: _____

Sponsor (not required): _____

Club calendar year: *June 1 -- May 31*
(pro-rated for new members on a monthly basis)

Paid by:
 Check # _____
 Cash

Check one:

- Individual \$24.00
- Family \$36.00
- Club \$36.00
- Business \$40.00

Please check the activities you are interested in:

- Trail planning
- Trail rides
- Trail maintenance
- Training activities
- Programs and seminars
- Liaison to other clubs
- Other committees
- Serving on the Board of Directors

How did you hear about our club:

- Friend
- Website
- Fair Booth
- Poker Ride
- Other: _____

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