



DRAFT HORSE CLASSIC COMMITTEE

MEMBERSHIP REQUEST

NAME _____

RANCH NAME _____

ADDRESS _____

ADDRESS _____

TOWN / CITY _____

PROVINCE / STATE _____

POSTAL / ZIP CODE _____

EMAIL _____

HOME PHONE _____

CELL PHONE _____

FAX _____

I have read and understand all the rules associated with this program and agree to abide by the same. I understand that with this application I am entitled to a single seat on the Committee, and one equal vote in the decision-making process. As a Committee member, I hereby hold harmless, for any loss, damage, or injury, my fellow NAERIC DRAFT HORSE CLASSIC Committee members.

Signature: _____

Date: _____

The membership fee is \$100.00 CAD.

Make Cheque Payable to: NAERIC Draft Horse Classic.

Mail this form with your payment to:

NAERIC Draft Horse Classic

P.O. Box 43968

Louisville, KY 40253-0968

USA

For NAERIC Use

Notified:

Cheque:

Excel:

QBks:

Outlook: