



DRAFT HORSE CLASSIC COMMITTEE MEMBERSHIP REQUEST

NAME(S) _____

RANCH NAME _____

ADDRESS _____

ADDRESS _____

TOWN / CITY _____

PROVINCE / STATE _____

POSTAL / ZIP CODE _____

EMAIL _____

CELL PHONE _____

CELL PHONE #2 _____

WEBSITE ADDRESS _____

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.

Pay on-line thru your bank's Interac e-Transfer system to barb@naeric.org

- OR - Make Cheque Payable to NAERIC Draft Horse Classic.

Return this form by email (barb@naeric.org), fax 502-245-0438 or mail:

NAERIC Draft Horse Classic
P.O. Box 43968
Louisville, KY 40253-0968
USA

For NAERIC Use Notified: Cheque: Excel: QBks: Outlook:
