



APPLICATION FOR JUNIOR MEMBERSHIP

AMERICAN CREAM DRAFT HORSE

193 Crossover Road
Bennington, Vermont

Date _____

(Please use ink)

I _____ hereby apply for Junior Membership
in
the American Cream Draft Horse Association. I do subscribe and pay for one
Junior Membership at \$5.00 annually.

I understand that my annual dues of \$5.00 payable by June 1 of each year
following my acceptance are required to grant me all the privileges of Junior Membership.

Signed _____

(Signature)\(Printed Name)

Address _____

Phone No. _____

e-mail address _____

(Anyone wishing to become a junior member of this Association **MUST** submit the
signature of a member in good standing)

----- **SPONSOR** -----

I hereby signify to the best of my knowledge and belief that the named above is a Junior Member.
I also state that I am a member in good standing.

(Signature)\(Printed Name)

(Member Number)

(Sponsors Name of American Cream Draft owned)

(Reg. No.)