



APPLICATION FOR ASSOCIATE MEMBERSHIP

American Cream Draft Horse Association

Kerrie Beckett, *Secretary*

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Office Use Only: _____

Date _____

(Please cross out the word which does not apply) (Please use ink)

(I, We), _____ hereby apply for Associate Membership in the American Cream Draft Horse Association. (I, We) do subscribe and pay for one Membership at \$30.00 (one-time fee) and \$25.00 annual dues (\$55 total due with initial application). I understand that annual dues of \$25.00, payable by June 1 of each year following (my, our) acceptance are required to grant (me, us) all the privileges of membership.

Signed _____

(Signature)\(Printed Name)

Signed _____

(Signature)\(Printed Name)

Address _____

Phone No. _____

Alt. Phone No. _____

e-mail address _____

(Signature)\(Printed Name)

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