

2019
CROWN OF TEXAS ARABIAN HORSE CLUB
(COTAHC)
APPLICATION FOR MEMBERSHIP

- Family Membership - \$25 (one vote)
 Individual Membership - \$20 (one vote)

List all family members who will be covered under the club's liability insurance.

1. **Voting** Member Name: _____ DOB _____
Address: _____ City _____ State ____ Zip _____
Phone: C) _____ H) _____
Email: _____

2. Family Member Name: _____ DOB _____
Address: _____ City _____ State ____ Zip _____
Phone: C) _____ H) _____
Email: _____

3. Family Member Name: _____ DOB _____
Address: _____ City _____ State ____ Zip _____
Phone: C) _____ H) _____
Email: _____

4. Family Member Name: _____ DOB _____
Address: _____ City _____ State ____ Zip _____
Phone: C) _____ H) _____
Email: _____

List additional members and their information on the back of this application.

I hereby certify that the above information is correct and I agree to uphold the By-Laws of this organization and to abide by its rules and regulations.

Signature of **Voting** member: _____ Date: _____

Return this form and payment by mail to:

Crown of Texas Arabian Horse Club
P.O. Box 30182
Amarillo, TX 79120-0182