



APPLICATION FOR ASSOCIATE MEMBERSHIP

AMERICAN CREAM DRAFT HORSE ASSOCIATION

193 Crossover Road
Bennington, Vermont 05201

Associate Member # _____ Date _____ (Secretary use only)

(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 and \$25.00 annual dues.

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. _____

e-mail address _____

APPROVAL BY BOARD OF DIRECTORS

I, the undersigned, as a member of the Board of Directors of the American Cream Draft Horse Association do hereby give approval to the Associate Membership of the individual(s) named above

(Signature)\(Printed Name)