



CANADIAN HORSE BREEDERS - ATLANTIC DISTRICT

Member Name: _____

Mailing Address: _____

Telephone: _____

e-mail: _____

REMIT TO:

Shelley Goodwin
SECRETARY, CHB-AD
740 Pembroke Road
YARMOUTH NS
B5A 5H3

MY PAYMENT IS ENCLOSED FOR MEMBERSHIP AS INDICATED BELOW:

ONE YEAR \$20.00

SIX YEARS \$100.00