CANADIAN HORSE BREEDERS ASSOCIATION - ATLANTIC DISTRICT

Member Name: _____

Mailing Address: _____

_____

Telephone: _____

e-mail: _____

SEND TO:
Bea Guimond
SECRETARY, CHBA-AD
242 HWY 326
Tatamagouche NS B0K 1V0

MY PAYMENT IS ENCLOSED FOR THE MEMBERSHIP TERM AS INDICATED BELOW:

( ) ONE YEAR $20.00 ( ) SIX YEARS $100.00

MY NAME, ADDRESS AND CONTACT INFORMATION MAY BE PUBLISHED IN THE CHBA-AD MEMBERSHIP DIRECTORY. ( ) YES ( ) NO

I AGREE TO RECEIVE PROMOTIONAL ELECTRONIC COMMUNICATIONS FROM CHBA-AD WHICH MAY INCLUDE NEWS, ACTIVITIES, EVENTS & ANNOUNCEMENTS.

( ) YES ( ) NO

OUR CLUB IS THANKFUL FOR THE VARIETY OF SKILLS AND ABILITIES OUR VOLUNTEERS BRING TO THE THE ADMINISTRATION & ACTIVITIES OF CHBA-AD.
DO YOU HAVE A SKILL OR ABILITY YOU ARE WILLING TO VOLUNTEER TO ASSIST THE CHBA-AD? PLEASE LET US KNOW!