



## Membership Application/Renewal

Please check appropriate box

Single: \$25

Family: \$35

Associate: \$25 (no voting privileges)

Renewal:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please check if you'd like to receive your newsletter as a pdf file via your E-mail:

Bred of draft horse or mule: \_\_\_\_\_

Interests: \_\_\_\_\_

Please make check or money order made payable to *California Draft Horse & Mule Association* and mail to:

Treasurer  
Kathy Ferrasci  
8247 E Bullard  
Clovis, Ca 93619