

Central
Valley
Harness
Association



MEMBERSHIP APPLICATION

Date: ____/____/____ Last Name: _____

First Name/s: _____

Address: _____ City, State, Zip: _____

Phone: __ (____) _____ Cell Phone: __ (____) _____

E-mail: _____

Individual Membership \$35 Family Membership \$45

New member Renewal

Are you a member of Carriage Association of America? Yes No

I am most interested in:

Clinics Shows Combined Driving Picnic Drives Fun Days

Meetings Helping Out Other _____

Payment made via: ____ Cash ____ Check (please make checks payable to: CVHA)

Mail to: CVHA - P.O. Box 1192 - Clovis, CA 93613

CVHA Membership runs from January 1 thru December 31. Exception: For those joining on or after October 1 of the current year, the membership will be valid to December 31 of the following year.

Thank you for joining and welcome to our club!

