



# American Dutch Harness Horse Association, Inc. Membership/Subscription Application

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Annual Membership .....	\$100.00
Four-Year Membership .....	\$300.00
Lifetime Membership .....	\$1,000
Subscription to Review Magazine .....	\$30.00

Check Enclosed  Credit Card CCV Code \_\_\_\_\_

If CC, Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

*3% Processing Fee will be added to all credit card transactions.*

If check, please make checks payable to ADHHA

Please mail to ADHHA at 455 E. Farver Street • Shippshewana IN 46565 • 260-350-0988