

NHCA MEMBERSHIP FORM

FEES:

Before May 15th: Family \$15 Per Year / Individual \$10 Per Year

After May 15th: Family \$20 Per Year / Individual \$15 Per Year

Date: _____

Family Name or Individual _____

Address _____

City & State _____

Zip Code _____

Hard Copy Newsletter mailed Yes (add \$5.00) No

Phone _____

E - Mail Address _____

Family Roster: (same household) Youth give Date of Birth

Remember to earn points for year end awards, your name must be on record with the NHCA.

Print and fill out form, attach check or money order made out to **NHCA**

Mail to:

Rosemary Johns
306 W 12 Road
Phillips, NE 68865

Or bring it to your first show.