



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

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

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

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

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

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 \_\_\_\_\_

If check, please make checks payable to ADHHA

Please mail to ADHHA at P.O. Box 226 • Churubusco IN 46723 • 260-350-0988