



NASHHCS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Farm Name:		
First Name:	Last Name:	
Street Address:		
Street Address 2:		
City:	State/Province:	ZIP/Postal Code:
Phone:	E-mail:	

Due to postage costs and an attempt to keep our membership fees low, all contact will be made via E-mail, unless we are notified otherwise, includes but not limited to voting (By-Law changes, Directors, Finals Judges) and Newsletters.

MEMBERSHIP TYPE (U.S. FUNDS) NEW MEMBER

<input type="checkbox"/> NASHHCS \$50 Voting	<input type="checkbox"/> CCS \$50 Non-Voting	<input type="checkbox"/> Friend of NASHHCS \$35 Non-Voting
<input type="checkbox"/> Five Year NASHHCS \$200 Voting	<input type="checkbox"/> NASHHCS Show Pass \$25 <small>temporary membership</small>	<input type="checkbox"/> CCS Show Pass \$25 <small>temporary membership</small>

PAYMENT INFORMATION (MAKE CHECKS PAYABLE TO NASHHCS) + \$5 FOR CREDIT CARD CHARGES

First Name:	Last Name:	
Credit Card #:		
Expiration:	Security Code:	ZIP Code:

SIGNATURE

I authorize the above-named business to charge the credit card indicated in the membership form according to the terms outlined above. This payment authorization is for the services described above., for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

Signature of applicant:	Date:
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Mail/E-mail Completed form and payment to:
 NASHHCS, Abby Powell, PO Box 7146, Loveland, CO 80537
 Phone: 970-566-4287
 E-mail: info@naclassicseries.com
 Web Site: www.naclassicseries.com

Office Use Only	
Date Received:	
Check # _____ / Credit Card / Cash	<input type="checkbox"/> OrgPro <input type="checkbox"/> Quickbooks