



Annual Membership Application

DCBOA

Instructions:

Please complete this form and return to: **DCBOA**
PO Box 543
Fishers, IN 46038

- Please type or print in dark ink.
- Allow 6 weeks for processing.
- Please remember to sign and date the bottom of this application.
- Fees are non-refundable unless membership application is denied. Membership may be denied at the discretion of Draft Cross Breeders and Owners Association Administration
- Cause for denial include, but are not limited to, conviction of neglect of or cruelty to animals, conviction of either fraud or intent to defraud another in any livestock transaction.

If Paying with Check or Money Order:

Please send check or money order payable to DCBOA with completed form. Please do not send cash.

If Paying with Credit Card:

If you wish to pay by credit card you may do so on line at www.dcoab.com. This payment is through Pay Pal.

Please be aware that your Membership with The Draft Cross Breeders and Owners Association will not be finalized until we receive this form with your signature and payment.

Membership Details

Membership Fees

Individual: \$65
Business .. \$100

All fees are US funds only

Membership is good for the calendar year specified.

No Prorating of membership fees.

Membership allows the member a discount on registration of each horse owned by the member. Membership must be current to receive discount.



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Applicants Name _____ Mr/Miss/Mrs/Ms/Dr (please circle one)

Membership: Individual Business

Referred By _____

Street Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Apartment/Suite Number _____ Contact Phone Number _____

Email Address _____ Farm/Business Name _____

Referred By (Name) _____ (Member Number) _____

Applicant is a/an: Owner _____ Breeder _____ Trainer _____

Other _____ (please explain) _____

Use of Draft Crosses: Pleasure _____ Show (English) _____ Show (Western) _____

Driving _____ Breeding _____

I certify that the above information is correct to the best of my knowledge.

Applicant's Signature _____

Applicant's Name (Please print) _____ Date _____

Parent or Guardian Signature for Jr. Member _____