



# Draft Cross Breeders & Owners Association Annual Membership Application

## 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 the Draft Cross Breeders and Owners Association Administration or Advisory Board.
- 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.dcba.com](http://www.dcba.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

Adult: ..... \$30

Jr: ..... \$20 (members who have not turned 18 by Jan 1 of the membership year)

Business .. \$50 All fees are US funds only

Membership is good for the calendar year specified.

No Prorating of Membership Fees.

Membership allows the member a \$10 discount on registration of each horse owned by the member. Membership must be current to receive discount.

Business Membership includes listing in Find a Breeder section of Web Site and their DCBOA registered Stallions listed in the on line Stallion Guide. Both good for duration of membership.



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

Membership:  Senior  Jr.  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 \_\_\_\_\_