The Cap	ital District Hunter Jumper C	Council
	oper Hollow Drive, Clifton Park, NY 12	
20	www.cdhjc.org D23 Membership Application	
	Make checks payable to CDHJC	
Date of Application:	For Competition Year:	
Please select from the following:	Name:	
\$25 Yearly Individual	Address:	
\$50 Yearly Family	City:	State: Zip:
(Please submit an application for each member)) Email (please print):	
\$250 Lifetime Individual	Phone:	
Member is a: Junior	Amateur	Professional
Amateur/Professional Age:Date of Birt		
	h:	
Junior Parent/Guardian:		
Trainer/Stable:		
	 Horse Registration Name Change Fee: \$5 per horse • Lifetifetime horse must be listed every year) 	time Registration: \$25 per horse
Name:	Annual:	Lifetime:
Color/Age/Sex/Height:	Thoroughbred (ve	rification must be attached)
Owner:	Lessor (if applicable):	
	•	
Name:	Annual:	Lifetime:
Color/Age/Sex/Height:	Thoroughbred (ve	rification must be attached)
Owner:	Lessor (if applicable):	
Ac	dditional horses may be listed separately	
	•••	
My signature denotes my agreement to abide b the postmark date of this application, or at the agree to receive email notifications from the CD that my membership, and that of any registere	horseshow at which I submit it. I unders DHJC, and that the CDHJC will not distribu	tand that by submitting my email address, I ute or sell my email address. I understand
Signature:		Date:
Parent/Guardian Signature (for Juniors):		Date:
The CDHJC relies on the support of its co	mmunity! To make a donation or sign up for	a sponsorship, please indicate below:
\$10 (name listed in publications)\$25 (class	ss sponsorship at Annual Show. Preferred cla	ss:)
\$ 50 (Medal Class at Annual Show. Preferred class	ss:) Other (indicat	e amount: \$)