



TCHDA Membership Application Form

Individual / Family Name: _____
(One application per family, one vote per family)

Ranch Name: _____

Address: _____

Email address: _____

Phone number: _____

Website: _____

Fiscal year begins October 1st. Membership fee is due on October 1st.

25.00 for Adult/Family membership \$10.00 for Youth
membership*

* Requires proof of age < 18 and parent or grandparent Adult Membership

For organization records only:

Amount (fee) Paid _____ Date Paid _____