



C • T • H • J • A

**2017 CENTEX MEMBERSHIP APPLICATION**

**Full Name:** \_\_\_\_\_

**Date of Birth (Required):** \_\_\_\_\_

**Additional Names (if family Membership):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone Number (Home):** \_\_\_\_\_

**Phone Number (Cell):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Individual Membership (\$20)** \_\_\_\_\_

**Family Membership (\$25)** \_\_\_\_\_

**Please make checks payable to CTHJA**

**Please Note: All riders must be current CTHJA members or points will not be counted. All information MUST be correct (including birthdates) or points will not be counted.**