



C • T • H • J • A

2020 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.