



**2010 Membership Form:**

Name: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_  
(Street, City, State, ZIP)

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

A membership year runs from **January to January**. Please include your check for **\$50 per family** and mail to:

CRCA  
Jerry Peters  
P.O. Box 535  
Kiowa, CO 80117-0535

Please phone Jerry at (303) 621-9625 with any questions. Thank you.