



Holistic Horse Care Cooperative, LLC

www.Holistic-Herd.com

Our Circle of Influence Honors The Horse

ANNUAL MEMBERSHIP FORM

Business or Supporter Name: _____

Contact _____

Address _____

City/State/Zip/Postal Code _____

Work Phone (_____) _____ Cell Phone (_____) _____

Website _____ Email _____

MEMBERSHIP INFORMATION: Please select Supporter, Yellow, Red or Blue Membership below. Your membership is valid for 1 year from the date of receipt of payment. Once your membership is processed you will receive a username and a password via e-mail. This username and password should then be used to fill out additional information about you or your business.

Membership is NEW or a RENEWAL

Membership Type: SUPPORTER \$25.00

SILVER BUSINESS \$97.00
Category: _____

GOLD BUSINESS \$247.00
Category: _____ Category: _____

Category: _____ Category: _____

Category: _____

PAYMENTS:

CASH CHECK Please make checks payable to *Holistic Horse Care Cooperative LLC* (there will be a \$25 service fee for returned checks)

TOTAL = \$ _____

Return to: Holistic Horse Care Cooperative, PO Box 539, Wellington, CO 80549

Once we receive payment you will receive an e-mail with information that we need to finalize your listing and opportunities to edit your listing.

Welcome to the Herd!