



The Horse Protection League
 P. O. Box 741089
 Arvada, CO 80006
 (303) 216-0141 www.cohpl.org

Membership Application

I want to be a member and receive your newsletter. (Membership is valid for one year from application date.) Please enroll me at the following level of membership:

- | | | | | | |
|--------------------------|----------|----------|--------------------------|----------------------|------------|
| <input type="checkbox"/> | Basic | \$25.00 | <input type="checkbox"/> | Breeder's Cup Circle | |
| <input type="checkbox"/> | Family | \$50.00 | <input type="checkbox"/> | Derby | \$1,000.00 |
| <input type="checkbox"/> | Yearling | \$100.00 | <input type="checkbox"/> | Preakness | \$1,500.00 |
| <input type="checkbox"/> | Mare | \$250.00 | <input type="checkbox"/> | Belmont Stakes | \$2,500.00 |
| <input type="checkbox"/> | Stallion | \$500.00 | <input type="checkbox"/> | Lifetime | \$5,000.00 |

- I want to make an additional tax deductible donation of \$_____
- I would like to receive information about becoming a volunteer.
- I would like to help with fund raising or grant proposal writing.
- I would like to receive information about sponsoring a horse.
- I would like to receive information about adopting a horse.

Please note: For insurance purposes, all volunteers must be members of HPL.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone (H): _____ (W): _____

Email: _____

I enclose a check or money order in the amount of \$_____

This is a new membership renewal.