



## MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

FARM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

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SEND COMPLETED APPLICATION AND \$20 ANNUAL DUES TO: SHARON FURR  
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