

Membership Application Form

Texel Sheep Breeders Society

Name: _____

Flock or Farm Name if Applicable: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Adult Membership: _____ (Mark with X) \$30 per Membership

Junior Membership: _____ (Mark with X) Free Birthdate _____

E-mail Address: _____

Website Address: _____

____ Please publish my email address in the directory.

____ Please use my email address only for association correspondence.

Please send a \$30.00 check or money order payable to "Texel Sheep Breeders Society" along with this form to:

Texel Sheep Breeders Society PO Box 231

Wamego, KS 66547

PH (785) 456-8500

Fax (785) 456-8599 registrar@usatexels.org