

# Hog Island Sheep Breeders Association Member Application

Member Name \_\_\_\_\_

Farm Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Web Site \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Membership Fee

- |  |
|--|
| <input type="checkbox"/> \$25 Family               |
| <input type="checkbox"/> \$20 Individual           |
| <input type="checkbox"/> \$15 Youth (Under age 18) |

Please send completed form, along with check or money order to:

Hog Island Sheep Breeders Association

P. O. Box 16

Goldvein, Virginia 22720