

INDIANA JUNIOR HEREFORD ASSOCIATION MEMBERSHIP FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL _____ COLLEGE _____

E-MAIL ADDRESS _____

AGE _____ DATE OF BIRTH _____

PARENT'S NAME _____

DUES: \$10.00 PER YEAR FOR MEMBERS AGES 7-21 AS OF January 1 of that year

***** PLEASE, ONE MEMBER PER FORM*****

PLEASE MAKE CHECKS PAYABLE TO IJHA AND MAIL TO:

**Kaitlyn Culy
13957 Jones Rd
Hagerstown, IN 47346**