



Membership Application

Farm Name _____

Your Name _____

Address _____

City _____ State & Zip _____

Home Phone _____

Cell Phone _____

Email _____

Website _____

I hereby make application for membership in the Illinois Hereford Association.

Upon becoming a member of this organization, I agree to be governed by the Constitution and by-laws of the Illinois Hereford Association and to abide by the rules of the American Hereford Association.

Attached hereto is my remittance of payment covering membership dues for the fiscal year of January 1 to December 31.

ANNUAL DUES ARE \$40

Mail application for IHA membership and \$40 dues to:

Buddy Edenburn, Treasurer

1764 E. U.S. Hwy 136

Penfield, IL 61862

217- 649 - 0108