



# Membership Application

## Indiana Junior Sheep Association

**Junior Association**

New member

Renewing member

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Years in 4-H \_\_\_\_\_ County \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Web URL \_\_\_\_\_

Interests (showing club lambs, raising Suffolks, etc) \_\_\_\_\_

IJSA Interests (helping with shows, youth program, becoming an officer, etc) \_\_\_\_\_

Misc comments/other involvement \_\_\_\_\_

Please make your \$10 IJSA membership check payable to:

**Indiana Sheep Association** and mail to:

Carrie Johnson  
ISA Secretary  
Indiana Sheep Association  
P.O. Box 176  
Pine Village, IN 47975

