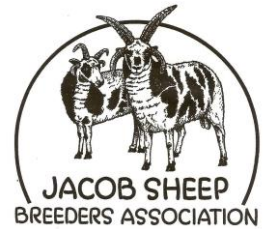


Jacob Sheep Breeders Association (JSBA)
MEMBERSHIP APPLICATION
(please photocopy this form as needed)



New Members: Send Form & check (payable to JSBA) to
JSBA Membership Secretary
Lorraine Nielsen
P.O. Box 4.
Crescent Mills, CA 95934

Membership Fees (choose one):

- **\$30/year per flock prefix for Regular Membership**
(includes registration privileges, voting privileges for one family member, JSBA Guidebook, and quarterly JSBA newsletter)
- **\$10/year for Junior Membership (15 and under) (includes registration privileges & newsletter)**
- **\$50/year for 10 consecutive years (\$500 total) -Lifetime Membership**
- **Newsletter only \$10/year (does not include member privileges)**

Date: _____ (Month, Day, Year) Amount Enclosed: _____
(Membership runs from January through December of each year, regardless of application date)

Name: _____

Farm/Ranch Name: _____

Flock Prefix* _____

*New members: Please designate a flock name to be used as a prefix for registering animals (it may be your last name, or the first part of your farm name). Try to limit to 10 characters or a two-word farm name. If you do not specify a name, the membership secretary will assign your last name as the prefix. You will be assigned a JSBA flock number for use in registration of animals.

Address: _____ (PO. Box, Street)

_____ (City, State, Zip)

Telephone # : _____

Email address: _____

Birthdate for Jr. Members _____

Would you prefer a _____ hard copy or a _____ PDF version of the **JSBA Guidebook**?

How did you learn about JSBA? _____