

# Wisconsin Junior Shorthorn Association Membership Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

\_\_\_\_ I would be interested in serving on the Wisc. Junior Shorthorn Board.

\_\_\_\_ I am interested in the Wisconsin Shorthorn Lassie program.

\_\_\_\_ I have questions and would like someone to call me.

**\$10 Annual Membership**

Send to: Lisa Schlimgen

2792 Cave of the Mounds Road

Blue Mounds, WI 53517

608-437-8074

dreamy280@mhtc.net

For more information and forms go to [www.wisconsinshorthorns.com](http://www.wisconsinshorthorns.com)