## INDIANA HEREFORD ASSOCIATION 2014 MEMBERSHIP FORM

Farm Name				_
Your Name				-
Family Members				_
Address				
City	State		_Zip	
Phone	_Cell Phor	ne		
E-maile-mail?	_Yes	_NO	Would you accept all o	correspondence by
County		_Quad	rant	
Membership \$25.00 per year. Per Fa to: Lesli Kottkamp, Secretary/Treas Indiana Hereford Association 2261	sure			form and money
Questions – phone: 317-539-4695	e-	mail:	dlkott@aol.com	
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Your Name				-
Family Members				_
Address				
City	State		_Zip	
Phone				
E-mail correspondence by e-mail?	Yes	<b>.</b>	_NO Would you acce	ept all
County		_Quad	rant	
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