



Ohio Sheep Improvement Association
2009 Membership Application Renewal

Name _____

Farm/Business Name _____

Address: _____

City _____ State _____ Zip _____

County _____ Phone (____) _____

Fax (____) _____ E-mail _____

If applicable:

Number of Sheep _____ Breed(s) of Sheep _____

Please circle all that apply: Commercial Purebred Club lamb producer
Lamb feeder Allied industry or business

Membership Categories

Individual	\$30.00	\$ _____
Farm or Family	\$35.00	\$ _____
Corporate/Allied Industry	\$100.00	\$ _____
Lifetime Individual	\$300.00	\$ _____
Youth	\$5.00	\$ _____
Ralph H. Grimshaw Scholarship Fund Donation		\$ _____
	TOTAL	\$ _____

Please make checks payable to: Ohio Sheep Improvement Association
PO Box 182383
Columbus OH 43218-2383

Or pay by Visa or MasterCard:

Cardholder Name: _____

Visa/MC Card #: _____

Amount: _____ Exp. Date: _____

Signature: _____ Date: _____

<i>For office use</i>
Check # _____
Amount _____
Date rec'd _____