



Ohio Sheep Improvement Association

2010 Membership Renewal Application

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

The Ohio Sheep Improvement Association has my permission to list my membership information on the Ohio Sheep Improvement Association website.

Please check one: Yes No

Membership Categories

Individual	\$30.00	\$ _____
Farm or Family	\$35.00	\$ _____
Corporate/Allied Industry	\$100.00	\$ _____
Lifetime Individual	\$300.00	\$ _____
Youth	Complimentary	\$ _____ 0.00
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: _____

For office use

Check # _____

Amount _____

Date rec'd _____