



MEMBERSHIP APPLICATION

Rev 03/09/2014

Membership Year _____	<input type="checkbox"/> NEW Membership	<input type="checkbox"/> RENEWAL Membership
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Please check the BREED DIVISION(S) you are applying for membership in: (at this time, there are no additional fees to join more than one division)

<input type="checkbox"/> Black Hawaiian Sheep Registry	<input type="checkbox"/> Corsican Sheep Registry	<input type="checkbox"/> Desert Sand Sheep Registry	<input type="checkbox"/> Mouflon Sheep Registry
<input type="checkbox"/> Multi-horned Hair Sheep Registry	<input type="checkbox"/> New Mexico Dahl Sheep Registry	<input type="checkbox"/> Painted Desert Sheep Registry	<input type="checkbox"/> Texas Dall Sheep Registry

Please check the Membership Category you are applying for: (fees effective since 2009)

<input type="checkbox"/> Individual (active/voting) \$25.00	<input type="checkbox"/> Family (2 adults, active/voting) \$30.00	<input type="checkbox"/> Youth (under 18, active/nonvoting) \$10.00
<input type="checkbox"/> Associate (inactive/nonvoting) \$15.00	<input type="checkbox"/> Business (inactive/nonvoting) \$50.00	
<input type="checkbox"/> Lifetime Individual (active/nonvoting) \$300.00	<input type="checkbox"/> Lifetime Family (2 adults, inactive/nonvoting) \$400.00	

NEW MEMBERS: Flock Prefix: this will be the prefix of all of your sheep you register from your breeding for any and all divisions within United Horned Hair Sheep Association, Inc. The registrar will assign the flock prefix; however, please indicate your top three choices utilizing two, three or four letter code – for instance AB, ABC, ABCD (this can be an abbreviation of your farm name):

First Choice: _____	Second Choice: _____	Third Choice: _____
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RENEWING MEMBERS: List your assigned Flock Prefix: _____

*Your Name	*Farm Name			
*Second Adult Family Name (if applicable)				
*Youth Name(s) (if applicable)				
Complete Address				
*City	*State	Zip Code		
*Telephone Number	Second Telephone Number			
*Website	*Email Address			

Indicate if there is any information (your telephone number, name, etc.), that you would prefer NOT to have listed on association website. Otherwise, information with a (*) will be included.

Indicate choice of how to receive UHHSA, Inc., Member Packets: Email U.S. Post Office

Share about your flock and some of your goals. For instance, a focus on different bloodlines, shape of horns, how many sheep you have, etc. (optional)

I hereby make application to the division(s) as marked above for membership. I understand that to register sheep I must be an active member in good standing. I understand that UHHSA and the division(s) for which I am applying, relies on my honesty and integrity in my submissions and pledge to the best of my ability to maintain accurate records and to represent and promote the Breed(s) and to abide by the Articles of Incorporation and Bylaws of UHHSA, Inc., and the division(s) marked above.

Signature _____	Date _____
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For Office Use Only: RCVD	Submit this form and payment to: UNITED HORNED HAIR SHEEP ASSOCIATION, UHHSA Secretary, P.O. Box 161, New Lebanon, OH 45345 937-430-1768 uhhsa@yahoo.com
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