



MEMBERSHIP APPLICATION

Membership Year _____ () NEW Membership () RENEWAL Membership

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

- () Black Hawaiian Sheep Registry () Corsican Sheep Registry () Desert Sand Sheep Registry
 () Mouflon Sheep Registry () Painted Desert Sheep Registry () Texas Dall Sheep Registry

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

- () Individual (active/voting) \$ 25.00 () Family (2 adults, active/voting) \$30.00
 () Youth (under 18, active/nonvoting) \$ 10.00 () Associate (inactive/nonvoting) \$ 15.00
 () Business (inactive/nonvoting) \$ 50.00
 () Lifetime Individual (active/voting) \$ 300.00 () Lifetime Family (2 adults, active/voting) \$400.00

***Flock Prefix (this will be the prefix of all of your sheep you register for any and all divisions within United Horned Hair Sheep Association, the registrar will assign the Flock Prefix; however, please indicate your top three choices utilizing a unique 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: _____

*Your Name _____ *Farm Name _____

Address _____

*City _____ *State _____ Zip _____

*Telephone Number _____ Second Telephone Number _____

*Website _____ *Email Address _____

Would you like your information listed on the Membership Page of the Association when published on the Association's website? () YES () NO

Please indicate if there is any information (for example, your telephone number, name, etc.) that you would prefer NOT to have listed. _____

Otherwise, information above with a (*) beside it will be included in the listing. If you have a logo you would like to use, please CHECK HERE _____ and feel free to submit it to UHHSA@yahoo.com by email OR via postal mail to address listed below. Please mark your name on the logo.

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

Please 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. (this is 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 and the division(s) marked above.

Signature: _____ DATE: _____

SUBMIT THIS FORM and payment (Payable to UHHSA, Inc.) TO:

United Horned Hair Sheep Association, Inc., 1039 State Route 168, Darlington, PA 16115

For REGISTRATION QUESTIONS, contact accuRegister: Phone:(724) 843-2084 E-Mail:UHHSA@accuregister.com

For OTHER QUESTIONS, contact UHHSA at: E-Mail UHHSA@yahoo.com