

# Membership Application

(for individuals)

- Yes, I would like to become a lifetime member of National Dairy Shrine. Enclosed is \$50, which I understand is a one-time fee.

Name \_\_\_\_\_  
(Please print your name exactly as you want it to appear on the membership certificate.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

Affiliation \_\_\_\_\_  
(Optional designation of company/organization)

**Please send the newsletter to my:** (check one)

- E-mail address      Regular address

**Membership recommended by:** (optional)

\_\_\_\_\_

**Optional payment method:**

Charge my Mastercard/Visa (circle one)

Account number \_\_\_\_\_

Exp. Date \_\_\_\_\_ VC Code \_\_\_\_\_

Signature \_\_\_\_\_

**Send completed form and check**  
**(payable to National Dairy Shrine) to:**

National Dairy Shrine  
Executive Director  
P O Box 725  
Denmark, WI 54208