



SPONSORED MEMBERSHIP

Sponsoring Farm Name _____

New Member Farm Name _____

New Member Names _____

Address _____

City, State Zip _____

Phone _____

Email _____

Annual Membership Dues (January - December) \$20 _____

Send form and check payable to North Central Highland Cattle Association to:

Randi Johnson
NCHCA Secretary
PO Box 127
Harris, MN 55032