



## SPONSORED MEMBERSHIP

Sponsoring Farm Name \_\_\_\_\_

New Member Farm Name \_\_\_\_\_

New Member Names \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Annual Membership Dues (February-February) \$15 \_\_\_\_\_

Send form and check payable to NCHCA to:

Anne Proctor  
NCHCA Secretary  
3960 County Road HO  
Junction City, WI 54443