MANITOBA SHEEP

Associate Membership Form

Name:_____

Company Name:_____

Address: _____

Phone Number:_____

Email Address:_____

Membership Option:

_____ $30.00 for one year

_____ $50.00 for two years

_____ $ 100.00 for five years

Signature:_____

Date:_____

Payment Made By:

_____ Cheque

_____ Cash

_____ E-Transfer

This form can be submitted to mb@mbsheep.ca with the subject line "**Associate Membership - [Name]**". The MB Sheep Association office manager will contact you to process payment.