

DIRECTORY/MEMBERSHIP FORM

ARKANSAS STATE SHEEP COUNCIL

NAME _____

BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

E-mail ADDRESS _____

VARIETY (PLEASE CIRCLE ALL THAT APPLY)

- COMMERICAL SHEEP,
- REGISTERED SHEEP,
- CLUB LAMBS,
- GUARD ANIMALS

BREED (S) RAISED _____

Dues: \$25.00 a year.

Would you or your farm like to be listed on the ASSC website?

Yes _____ No _____

Would you like to make a donation to ASSC? _____

Donation: Please designate: ABL Program \$ _____
SCHOLORSHIP \$ _____
OTHER \$ _____

Please enclose any additional information that you would like.

Return to: **ASSC, Wanda Calloway, Tres.
174 Calloway Rd
Hamburg, AR 71646**