



**ARKANSAS JUNIOR SHEEP COUNCIL**  
**Membership Application**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

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

Birthdate: \_\_\_\_\_

First Year Member? Circle one - (yes) (no)

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May we list your name on the website as a member (no address or phone)?

Circle one - (yes) (no)

Parent's Approval (signature) \_\_\_\_\_

May we post pictures including you and your lambs on the website with your name and winnings?

Circle one - (yes) (no)

Parent's Approval (signature) \_\_\_\_\_

Return with \$15.00 membership dues to:

AJSC 0- DENISE TROTTER

PO Box 515.

ELKINS, AR. 72727

denise.trotter@ymail.com

(479) 957.0218

Office use only - pd. \_\_\_\_\_ Date \_\_\_\_\_ Sr., Jr., PeeWee