

Kansas Club Calf Association
Membership Application
2010

Name: _____

Address: _____

City & State _____ Zip _____

Age as of Jan 1st 2010 _____

Birthdate: _____

Parents Name: _____

Phone No. _____

Email Address: _____

Enclose membership Fee \$25.00 each, make checks payable to: Kansas Club Calf Association
For new members only: Enclose a copy of your Birth Certificate, to verify your age.

Mail to: Becky Craig , 725 Queen Rd., Scandia, KS 66966

Phone No. 800-845-6543 email: rebeccapfi@premiumfeeders.com

I have read the rules and regulations published by KCCA and agree to abide by rules as presented to me. Up to 30 days after Show points can be disputed, after that time frame points posted on official sheet will not be changed.

_____ member

_____ parent