

**Kansas Club Calf Association
Membership Application
2008**

Name: _____

Address: _____

City & State _____ ZIP _____

Age as of Jan 1st 2008 _____

Parents Name: _____

Phone No. _____

Email Address _____

Membership Fee \$25.00 each, make checks payable to:

Kansas Club Calf Association

Return to Becky Craig

725 Queen Rd.

Scandia , Ks 66966

Phone No. 785.335.2663 email rcraig@nckcn.com

Work No. 1-800-845-6543 email rebeccapfi@premiumfeeders.com