

# KANSAS GELBIEH JUNIOR ASSOCIATION MEMBERSHIP FORM

NAME:

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PARENTS' NAME:

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RANCH NAME:

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ADDRESS:

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CITY, ST, ZIP:

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PHONE:

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E-MAIL:

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AGE AS OF JANUARY 1:

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Mail form to:

Kansas Gelbvieh Association  
Joyce Aherin  
191 11th St.  
Phillipsburg, KS 67661