



Membership Application

Use this form to apply for associate membership in *Alpacas in the Ozarks*.

Name: _____

Farm Name: _____

Address: _____

City and State: _____

Phone: _____

E-Mail: _____

Enclosed is my fee to become a non-voting member of "Alpacas in the Ozarks". This membership, if approved will remain in effect for one year and cannot be cancelled without approval of two thirds vote of the Voting membership.

If approved I will receive an acknowledgement and my farm name will be added to the web site.

Thank you from "Alpacas in the Ozarks".

Fee Enclosed

Check Only ~ \$25.00 One Year Membership

Make check payable to:
Alpacas in the Ozarks
c/o Ann Turner
2745 Spring Meadow Pkwy. W
Branson, MO 65616