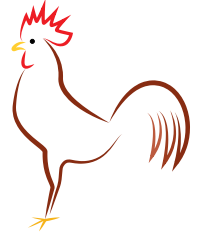


# NORTH MISSISSIPPI POULTRY CLUB



## MEMBERSHIP APPLICATION

### TYPE OF MEMBERSHIP

- Individual .....\$20  
*(Age 18 or older)*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

- Junior.....\$10  
*(Age 17 or younger)*

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 ParentName \_\_\_\_\_ ParentSignature \_\_\_\_\_

- Family .....\$35

Name \_\_\_\_\_ Spouse \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Child \_\_\_\_\_ Child \_\_\_\_\_  
 Child \_\_\_\_\_ Child \_\_\_\_\_  
 Child \_\_\_\_\_ Child \_\_\_\_\_

Make checks payable to **North Mississippi Poultry Club.**

Mail to:

**North Mississippi Poultry Club**  
 c/o Christopher Cockrell  
 4245 Walton Cemetery Road  
 Mantachie, MS 38855

OFFICE USE ONLY

Received Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Check Number \_\_\_\_\_