

United Suffolk Sheep Association

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Membership Application

| Name: | | |
|-------------------------------|---------------------------------------|------|
| Address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | |
| Fax: | Email: | |
| Website: | | |
| Flock Name: (Limit 16 charact | ers including spaces and punctuation) | |
| | sted on the United Suffolk Sheep | |

information to be excluded please make note of that information.