

ANDDA MEMBERSHIP APPLICATION

MEMBERSHIP DUES: \$15 (U.S. funds) for an Affiliate Membership or for the first Individual Membership in a household, \$5 for each additional Individual Membership in the same household. (\$10 if paid between Sept. 1 and Dec. 31) \$5 for Youth Membership.

Yes! I want to join ANDDA. Enclosed is my check or money order for \$_____ (\$U.S.) Payable to ANDDA. _____ NEW MEMBER _____ RENEWAL

_____ Youth Membership : Date of Birth _____

Membership Name: _____

Additional Household Members (if any): _____

Herd Name: _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____

Email: _____

Website: http:// _____

_____ YES, I would like to be listed on the online Breeder's Directory.

_____ Yes, my herd is on DHIA—please add me to the online list of DHIA herds

Signature: _____ Date: _____

Send to: **ANDDA • c/o Aleshia Lockard, 4035 Carson Dr. SE, Salem, OR 97317**

ANDDA does not publish addresses. We post name, herd name, state, email, phone number and website. Please list any other contact information that you do NOT want posted on the web:
