

NATIONAL DAIRY SHRINE

PLEASE PRINT CLEARLY

____ Yes, I would like to support the past, present and future of the dairy industry by becoming a member of National Dairy Shrine.

NAME _____

(Please PRINT YOUR NAME exactly as you would like it to appear on your membership certificate)

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Affiliation/Organization _____
(Optional designation)

Please Send the Chronicle Newsletter to my: Email _____ Postal address _____

Choose your Free: NDS Lapel Pin _____ or NDS Charm/Pendant _____

NDS Membership recommended by _____ (Optional)

Mail completed form and check made out to National Dairy Shrine to:

**National Dairy Shrine
PO Box 68
Fort Atkinson, WI 53538**

OR Optional Credit Card Payment Method: **Please use NDS website** or Charge my Mastercard or Visa (Circle One)

Account Number _____

Exp. Date _____ VC Code _____

Your Signature _____

(A 3% processing fee will be added for using this credit card payment option)