

Membership Application (for individuals)

- Yes, I would like to become a lifetime member of National Dairy Shrine. Enclosed is \$50, which I understand is a one-time fee.

Name _____

(Please print your name exactly as you want it to appear on the membership certificate.)

Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____

Affiliation _____

(Optional designation of company/organization)

Please send the newsletter to my: (check one)

- Email address Regular address

Membership Pin: (check one)

- Lapel pin Charm/pendant

Membership recommended by: (optional)

Optional payment method:

Charge my Mastercard/Visa (circle one)

Account number _____

Exp. Date _____ VC Code _____

Signature _____

A 3.5% processing fee will be added for the credit card option.

**Send completed form and check
(payable to National Dairy Shrine) to:**

National Dairy Shrine
Executive Director
P O Box 725
Denmark, WI 54208