

Membership Form

Registration: \$35.00 a year (for each ranch or business)

Name: _____

Business Name: _____

Address: _____

City and Zip Code: _____

Home Phone: _____

E-Mail: _____

Registration from February 20____ to February 20____

Received: _____

Please print this page and mail it to:

LCLA Board of Directors
PO Box 73
Springfield, OR 97477