

NEW MEMBERSHIP APPLICATION

DateFarm Na	ame	Farm Website		
Address	City	State	Zip	
Primary Contact Phone	Primary Contact Email	íl		
List all adult members of the house	ehold eligible and willing to represent this membershi	ip as a voting member, director or inspε	ector:	
Name	Email	Phone_		
Name	Email	Phone_	Phone	
Name	Email	Phone		
	sehold eligible to use this membership:			
Name	Email	Birthdate_		
	Email			
	Email			
	Email			
	nich will be your identifier on all registered sheep. Pref			
Submit three choices.	ner will be your rachance on an registered sheep. The	in can be up to 25 characters (letters at	ia, or nambers omy).	
Prefix Choice 1	Prefix Choice 2	Prefix Choice 3		
I am applying to be: Voting M	lember (Individuals, Families and Partnerships) You	uth Member (Not yet 20 as of January 1)	
Extend to all sheep under it.			mitted for registration	
,	animals of good quality meeting the standards specific	ed by the association bylaws and rules;		
with fairness and considers animal that fails to perforn • As a representative of KHS	arding Katahdin sheep - with members of the associat ation, including a willingness and commitment to mak in as specified in sale negotiations or for which permar II, educate breeding stock customers about the charac	ce restitution as agreed to between buyonent registration, as a condition of such	er and seller for any sale, is rejected;	
by the association;Be prompt in registering, r	recording and transferring all animals sold;			
	port the long-term viability of the Katahdin breed, its p	producers and their customers;		
Promote Katahdins in ways	s that strengthen the credibility of the breed and its br	reeders, and		
 Support and uphold the by 	ylaws and standards of Katahdin Hair Sheep Internatio	onal.		
Voting Membership I agree to uphold the above Ethics	s Commitment.			
Signature(s)		Date		
This membership category allows registering	of sheep in the farm name, business/corporate name, family name or in	the name of individual members of the family.		
Youth Membership I certify that I am less than 20 year	rs of age and agree to uphold the above Ethics Comm	uitment.		
Signature(s)		Date		

Send this form to: KHSI Registry Office, 4543 North Henderson Road, Freeport, Illinois 61032

Voting memberships are required to include \$45 if new or if renewing on time [by Jan 31] or \$60 if renewing after January 31st.