

ICLA MEMBERSHIP FORM

Name: _____

Flock Name: _____

Address: _____

City: _____ Zip: _____

Home phone number: _____

Cell phone number: _____

E-mail address: _____

District: _____

Membership runs from Jan 1 to Dec 31. Due are due by Jan 15.

Mail this sheet and a check for \$50 to

ICLA

Atten: Jenny Studer

3014 130th Street

Creston, IA 50801