



AMERICAN RED POLL ASSOCIATION
 11523 Violet Avenue, Stockport, IA 52651
 Phone: 765-425-4515
 Email: americanredpolls@gmail.com

MEMBERSHIP APPLICATION

The American Red Poll Association invites you to be part of our Association! Apply or Renew your ARPA Membership today!

Yes, I would like a membership with the American Red Poll Association.

Please check one New Member Renewing Member

Fees (Please select one):

	<u>Amount</u>	<u>Quantity</u>	<u>Total</u>
<input type="checkbox"/> Membership Fee (One-time fee, new members only) <i>Includes a 1 year subscription to the Red Poll Beef Journal</i>	\$35.00	<u>1</u>	\$ <u> </u>
<input type="checkbox"/> Annual Service Fee (Renewing members only- 9/1-8/31) <i>Includes a 1 year subscription to the Red Poll Beef Journal</i>	\$35.00	<u>1</u>	\$ <u> </u>
<input type="checkbox"/> Junior Membership (One-time fee, good until the age of 21) <i>Includes a subscription to the Red Poll Beef Journal</i>	\$25.00	<u>1</u>	\$ <u> </u>

Birth Date: _____
Includes a subscription to the Red Poll Beef Journal

Total Submitted: \$

Membership information **Membership Number** (if renewing) _____

Membership or Farm Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone _____

Email: _____ Website: _____

I agree to conform to the By-Laws and Regulations of the American Red Poll Association. I further release any and all data submitted to the American Red Poll Association for use in Breed Improvement Programs.

Signature _____ Date _____

<i>Credit Card Information (Completing information below authorizes ARPA to charge for the amount listed above + a 3% of the Total Above as a processing fee)</i>	
Card Holder Name: _____	
Card Number _____	Exp Date: _____
Security Code: _____	Type(circle one): Mastercard Visa Amex Discover
Signature: _____	Date: _____

Please mail completed form to the ARPA office.
All fees must accompany the application before it will be processed.