

## 2019 ISA Membership Application

Select membership(s) desired and complete all requested information. Thanks!

<input type="checkbox"/> <b>ISA Membership - Producer - \$20</b> Receive <i>American Sheep Industry News, ASI Weekly</i> , all Indiana Sheep Association (ISA) mailings, national and state representation via ISA as your voice on matters important to your success as an Indiana producer. Voting member.  One free classified ad per year on ISA website.  <input type="checkbox"/> I prefer not to have my information listed on the website directory	Please indicate all listing types applicable to your operation. <input type="checkbox"/> Seed Stock: Breed(s): List below:  <input type="checkbox"/> Fiber Producer (Indiana Fiber from the Farm)  <input type="checkbox"/> Commercial Producer: Breed(s): List below:  <input type="checkbox"/> Lamb Direct to Consumer (Farm Fresh Lamb)  <input type="checkbox"/> Other (Please describe):
<input type="checkbox"/> <b>ISA Sponsorship</b> Please Indicate your donation amount \$ _____	Please indicate any services you may provide that are of interest to ISA members. <input type="checkbox"/> Shearing <input type="checkbox"/> Stock dogs, Guardian animals <input type="checkbox"/> Veterinary Services <input type="checkbox"/> Forage-related Services <input type="checkbox"/> Other (Please describe)
<input type="checkbox"/> <b>Supporting Membership - \$35</b> Receive all Indiana Sheep Association (ISA) mailings including advance notice of ISA sponsored events. Non-voting member.  Classified ads discount on ISA website.	Please indicate any services you may provide that are of interest to ISA members. <input type="checkbox"/> Shearing <input type="checkbox"/> Stock dogs, Guardian animals <input type="checkbox"/> Veterinary Services <input type="checkbox"/> Forage-related Services <input type="checkbox"/> Other (Please describe)

Name(s):	Date:
Street:	City: St/Zip:
Farm Name:	County:
Phone:	Cell:
Email:	Website URL:
*Recommended By: _____	

*\*If another ISA member provided this form to you, list that member's name here!*

**Membership Incentive Program** - list the prospect name(s) and contact information, we will reach out to those prospects with a membership request letter noting your recommendation. If that individual or family joins ISA (*or sends in a completed form listing you as the recommender*) by Feb. 28, 2019 then you will receive your gift card in the mail with your new 2019 membership card. Please list additional names on back of this form if you need more room.

Prospect Name(s):		
Address:	City:	St/Zip
Email:	Phone:	

**Make check payable to: ISA**

**Mail completed form with payment in return envelope or send to:  
ISA, 3506 Heathcliff Ct., Westfield, IN 46074 c/o Bob Benson**