



Membership Application

Annual Membership Dues \$50
(January – December)

Name: _____

Ranch Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Website: _____

I certify that I desire to become a member of the Chisholm Trail Dorper Association. I agree to honorably promote the Dorper sheep breed, support and obey the Chisholm Trail Dorper Association's Articles of Incorporation and Bylaws and the Breeders' Guidelines.

Signature

Date

Return application with payment to:
Edith McDaniel
PO Box 779
Thorndale, TX 76577