

## 2011 Illinois Beef Association Junior Membership Application

Your name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Dues:** \$25 if your family is not a member of IBA, or has not already paid for a family membership.

Fill out and return with a check to:

**Illinois Beef Association**, 2060 West Iles Ave., Ste. B Springfield, IL 62704