



International Finnsheep Registry Membership Form

Complete form and return along with payment to:

International Finnsheep Registry

3937 Ridgewood Road

York, PA 17406

(717) 683-8607

www.InternationalFinnsheepRegistry.org

Name: _____

Farm Name: _____

Flock Prefix (20 letter limit): _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone #: _____ E-Mail: _____

Website: _____

I wish to opt out of displaying my personal information on the IFR Website.

Membership (Please check all that apply:)

IFR Program Participant?

_____ Junior—\$20

_____ Active Adult— \$60

_____ Active Family—\$75

_____ Associate— \$35

_____ Gift Membership—\$20

_____ Yes, I plan to participate in the IFR Breed Improvement Program

_____ Yes, I plan to participate in the IFR Recapture Program

_____ No, I do not plan to participate in these programs as this time

Describe your business:

What would you like to learn more about?

_____ General sheep healthcare

_____ Nutrition

_____ Reproduction

_____ Business Analysis

_____ Business Management

_____ Product Management

_____ Wool Production/Markets

_____ Meat Production/Markets

_____ Other Product Production/Markets

Comments or suggestions:

*I agree to uphold the policies, procedures and Bylaws of the **International Finnsheep Registry**.*

Signed: _____

Date: _____