

# HOOSIER BUCKSKIN ORGANIZATION, INC.

## Membership Form

New

Renewal

Fees: (Annual) Single \$10  
Family \$15  
Business \$20

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

**Make checks payable to Hoosier Buckskin Org., Inc. and mail to:**

Pam Wells, Treasurer  
4588 W 400 N  
Columbia City, IN 46725