Membership Application Form South Central Llama Association (www.scla.us)

Ranch Name:	Name:			
City: State: Zip Phone : () Email: Please DO NOT print my name in the Membership Directory (handed out to the public) Annual Membership Fee: \$40.00 Adult memberships. All memberships expire January 31st of each yea \$20.00 for first-time members who join after July 1. Please mail a copy of this membership form with your check (payable to SCLA) to: SCLA MEMBERSHIP 4317 FM 539 LaVernia, TX 78121-4455 Associate Youth Membership Application Form South Central Llama Association (www.scla.us) Youth Name:	Ranch Name:			
Phone : () Email:	Address:			
Please DO NOT print my name in the Membership Directory (handed out to the public) Annual Membership Fee: \$40.00 Adult memberships. All memberships expire January 31st of each yea \$20.00 for first-time members who join after July 1. Please mail a copy of this membership form with your check (payable to SCLA) to: SCLA MEMBERSHIP 4317 FM 539 LaVernia, TX 78121-4455 Associate Youth Membership Application Form South Central Llama Association (www.scla.us) Youth Name: Ranch Name: Address: City: State: Email: Date of Birth Name & Address of SCLA Adult Sponsor: Please DO NOT print my name in the Membership Directory (handed out to the public)	City:	State:	Zip	
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Associate Youth Membership Application Form South Central Llama Association (www.scla.us) Youth Name: Ranch Name: Address: City: Phone: () Email: Date of Birth Name & Address of SCLA Adult Sponsor: Please DO NOT print my name in the Membership Directory (handed out to the public)	\$20.00) for first-time members who join a ership form with your check (payal	fter July 1.	∍ach year
South Central Llama Association (www.scla.us) Youth Name:			55	
Ranch Name: Address: City: Phone: Email: Date of Birth Name & Address of SCLA Adult Sponsor: Please DO NOT print my name in the Membership Directory (handed out to the public)	Asso	South Central Llama Asso		
Address:	Youth Name:			
City: State: Zip Phone : () Email: Date of Birth Name & Address of SCLA Adult Sponsor: Please DO NOT print my name in the Membership Directory (handed out to the public)	Ranch Name:			
Phone : (Email: Date of Birth Name & Address of SCLA Adult Sponsor: Please DO NOT print my name in the Membership Directory (handed out to the public)	Address:			
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Name & Address of SCLA Adult Sponsor: Please DO NOT print my name in the Membership Directory (handed out to the public)	Phone : ()	Email:		
Please DO NOT print my name in the Membership Directory (handed out to the public)	Date of Birth			
	Name & Address of SCLA Adult	Sponsor:		
				ar.
Annual Membership Fee: \$10.00 per youth, ages 5-19. \$ 5.00 for first-time members who join after July 1. Please mail a copy of this membership form with your check (payable to SCLA) to:	\$ 5.00) for first-time members who join a		

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