



## ICLA MEMBERSHIP FORM

Name: \_\_\_\_\_

Flock Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Membership runs from Jan 1 to Dec 31. Due are due by Jan 1.

Mail this sheet and a check for \$50 to

**ICLA**

**C/O Duane Sprouce**

**PO Box 43**

**Keota, IA 52248**