



Cochins International Membership Application

Our Purpose is to Promote, Encourage and Foster the Development of the Cochin breed of poultry to include Large Fowl, Bantams and Pekins (International).
Our Mission and Focus is the Advancement of Exhibition Cochins.

Cochins Rule!

Date: _____ Referred By: _____

Check One: New Member: Renewal: For Renewals, please check if the below is a new address:

**** Membership Dues Expire December 31st of Every Year ****

Check Type of Membership:	For How Many Years:	Total Paid:
<input type="checkbox"/> Adult / Individual Membership - \$15.00/year	_____	\$ _____
<input type="checkbox"/> Joint / Family Membership - \$15.00/year	_____	\$ _____
<input type="checkbox"/> Junior (under 18) Membership - \$7.50/year	_____	\$ _____

Please Print Clearly!

Membership Name: _____

Exhibitor Name: *(If different from above, must be completed to correctly record Club Master Breeder Points earned.)*

If a Joint or Family Membership, please list family members, with an asterisk (*) by each Junior Member:

_____	_____	_____
_____	_____	_____

Address: _____

City, State, ZIP: _____

Phone: <i>(be sure to include area code)</i> _____	Email Address: _____
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Please check one to indicate your preference to receive your Newsletters: by Email or USPS Mail

<p>INSTRUCTIONS TO PAY BY CHECK: Make check payable to <u>Cochins International</u> <i>Money Orders NOT accepted.</i></p> <p>Please indicate payment method: <i>(Canadian & International Memberships Must be Paid by PayPal.)</i></p> <p><input type="checkbox"/> Check # _____ Enclosed</p>	<p>INSTRUCTIONS TO PAY BY PAYPAL: Club PayPal Address: <u>cochinsint@gmail.com</u> Please use Friends & Family.</p> <p><input type="checkbox"/> Date of PayPal Payment: ____/____/20____</p>
<p>Please Complete Application and Mail or Email to: Cochins International c/o Gail Carlson 14809 East 267th Street, Harrisonville, MO 64701 Email: <u>HappyHens1@hotmail.com</u> Questions? Call Gail at 816-884-5511</p> <p><i>Your Membership Packet will be mailed upon receipt of Payment AND Completed Application.</i></p>	

* To be Completed by Membership Chair *

Date Received: _____	Date Entered: _____	Date Membership Packet Mailed: _____
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