Our Purpose i of po		ncement of Exhibition Cochins.
Check One: New Member: Renewal: For Renewals, please check if the below is a new address:		
** Membership Dues Expire December 31 <sup>st</sup> of Every Year **		
Please Check Type of Membership and Dues:		
Adult / Single Membership:	Joint / Family Membership:	Junior (under 18) Membership:
Section 4 Sectio	\$20.00 / One (1) Year	\$10.00 / One (1) Year
\$40.00 / Two (2) Years	\$40.00 / Two (2) Years	\$20.00 / Two (2) Years
\$50.00 / Three (3) Years	\$50.00 / Three (3) Years	\$25.00 / Three (3) Years
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: (be sure to include area code)	Email Address:	
Please check one to indicate your preference to receive your Newsletters: by Email D or USPS Mail		
INSTRUCTIONS TO PAY BY CHECK:       INSTRUCTIONS TO PAY BY PAYPAL:         Make check payable to Cochins International       Club PayPal Address: cochinsintl@gmail.com         Money Orders NOT accepted.       Club PayPal Address: cochinsintl@gmail.com		
Please indicate payment method: (Canadian & International Memberships Must be Paid by PayPal.)		
Check # Enclosed	Date of Pa	ayPal Payment://20
Amount Paid: \$	Amount Paid:	\$
Please Complete Application and Mail or Email to: Cochins International c/o Gail Carlson 14809 East 267 <sup>th</sup> Street, Harrisonville, MO 64701 Email: <u>HappyHens1@hotmail.com</u>		
Your Membership Packet will be mailed upon receipt of Completed Application <b>AND</b> Payment.		
* To be Completed by Membership Chair *  Date Received: Date Entered: Date Membership Packet Mailed:		