



2015 MEMBERSHIP APPLICATION

Thank you for your interest in the Fresno-Kings Counties CattleWomen (FKCCW)!
For more information regarding our Organization please visit www.fkccw.com.

Name: _____

Mailing Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

I would like to receive communications from the FKCCW by:

Mail

Email: _____

Membership Options

State and Local Membership \$40

National Membership \$60

Total Enclosed: \$ _____

Please send this application, including a check payable to:

FKCCW
PO Box 104
Sanger, CA 93657