

Membership Application for the Kansas Association of Taxidermist

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Membership Type

Single \$40 -----\$ _____

Family \$55.00 -----\$ _____

Please send this form and payment to:

Brad Anderson, 1017 Flag Rd, Abilene, KS 67410