SOUTHERN STATES LLAMA ASSOCIATION Membership Application 2024

Membership Year Jan 1 to Γ	Dec 31Farm/Famil	y Membership \$45*Y	outh Only \$10*
Lifetime \$500*Vet	terinary Gift \$15*		
** Refer to SSLA Bylaws for	or definition of each m	embership type & voting 1	rights
Date		_	
RenewalNew Men	mberReferre	d by (if applicable)	
Member Name(s) / please	designate any youth	member(s) and ages.	
		/	
Farm Name			
Address			
City		State	Zip
Phone	(Cell)		
Email			
Website			
Authorization Request – By phone number listed on the p		0 1	- -
Signature			
Lama Census County of re Please fill in space provide	ed with the # of lama	as in each category:	
Female Llama	Male Llama	Gelding Llama	Non-Breeder (F) Llama
Female Alpaca	Male Alpaca	Gelding Alpaca	Non-Breeder (F) Alpaca
Veterinarian			
Address			
City		StateZip	
Phone		Email	

Submission of form, I hereby grant permission for my family images, likeness, and voice to be recorded in any media group during this program and to be used by the Southern States Llama Association on behalf of the Southern States Llama Association Board of Directors and Committees in any publications, media, or technology now known of or hereby developed in the future for any lawful purposes whatsoever without further permission from me. I understand I will not be compensated further for use of these images or recordings.

Please send form and check payable to SSLA to: