



**Membership Plans - 2018**

Chk one	Item Code	Membership Description	Dues	Address/ PO Box
<input type="checkbox"/>	001	Breeder	\$25.00	City
<input type="checkbox"/>	002	Supporter	\$20.00	State/Zip
<input type="checkbox"/>	003	**Youth/Student	\$10.00	Phone

- PayPal users: please email this form & Worksheet to [asregistry@gmail.com](mailto:asregistry@gmail.com) after submitting payment via PayPal.
- Check pmt: please mail this form, Worksheet and check to: AMBA - Membership, PO Box 2667, Chester, VA 23831

**\*\*Youth/Student Membership must be 18 years of age or younger.**  
Please enter DOB: \_\_\_\_\_

**American Mulefoot Breeders Association, Inc.  
Membership Application & Information**

[mulefootregistry@gmail.com](mailto:mulefootregistry@gmail.com)  
AMBA, PO Box 2667, Chester, VA 23831

Member ID	<i>(to be completed by AMBA)</i>		Check to add info to Directory
Name			<input type="checkbox"/>
Farm Name			<input type="checkbox"/>
Address/ PO Box			<input type="checkbox"/>
City			<input type="checkbox"/>
State/Zip			<input type="checkbox"/>
Phone			<input type="checkbox"/>
Alt Phone			<input type="checkbox"/>
Email Address			<input type="checkbox"/>
Website			<input type="checkbox"/>
Social Media			<input type="checkbox"/>

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