

**Application for membership in the
Wisconsin Cattlewomen's Association, Inc.**

Name _____

Address _____

City _____ State/Zip _____

County _____

Farm Name _____

E-Mail _____

Membership Fees:

Annual: \$10

Lifetime: \$25

Send to:

Kathy Miller

Wisconsin Cattlewomen's Association, Inc.

8434 198th Avenue

Bristol, WI 53104