



## AMERICAN RED POLL ASSOCIATION

11603 W 700 N, IN 47340

Phone: 765-425-4515

Email: americanredpolls@gmail.com

# MEMBERSHIP APPLICATION

The American Red Poll Association invites you to be part of our Association!  
Apply or Renew your ARPA Membership today!

☐ Yes, I would like a membership with the American Red Poll Association.

Please check one

☐ New Member

☐ Renewing Member

### Fees (Please select one):

	Amount	Quantity	Total
<input type="checkbox"/> Membership Fee (One-time fee, new members only) <i>Note that the membership fee grants you the right in your first year of membership to register and/or transfer cattle. It also gives you the right to vote on issues at the annual meeting your first year and it gives you a 1-year subscription to the Red Poll Beef Journal.</i>	\$50.00	<u>1</u>	<u>\$</u>
<input type="checkbox"/> Annual Service Fee (Renewing members only - 9/1-8/31) <i>Note that the annual service fee is required to be paid each year after your first year for you be able to register and/or transfer cattle. It also gives you the right to vote on issues at the current year's annual meeting and it gives you a 1-year subscription to the Red Poll Beef Journal.</i>	\$50.00	<u>1</u>	<u>\$</u>
<input type="checkbox"/> Junior Membership (One-time fee, good until the age of 21) Birth Date: _____	\$25.00	<u>1</u>	<u>\$</u>
<input type="checkbox"/> 1 Year Subscription to Red Poll Beef Journal Magazine <i>Included in Membership &amp; Service Fees</i>	\$25.00	<u>1</u>	<u>\$</u>

Total Submitted: \$

### Membership information

Membership Number (if renewing) \_\_\_\_\_

Membership or Farm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

I agree to conform to the By-Laws and Regulations of the American Red Poll Association. I further release any and all data submitted to the American Red Poll Association for use in Breed Improvement Programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed form to the ARPA office.  
All fees must accompany the application before it will be processed.