

# Heart Of The Ozarks Angus Breeders Association Membership Application

Name \_\_\_\_\_

Farm Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Website (if applicable) \_\_\_\_\_

Please send this completed application form along with your check or money order for \$20 to:

Heart of the Ozarks Angus Association  
c/o Robert Triplett  
RR 1 Box 50  
Birch Tree, MO 65438