

**KANSAS GELBVIEH JUNIOR ASSOCIATION
MEMBERSHIP FORM**

NAME : _____

PARENTS NAME: _____

RANCH NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE: _____

E-MAIL: _____

AGE AS OF JANUARY 1: _____

Mail Form to : Kansas Gelbvieh Association
 % Charlotte Anderson
 2276 N 10th Rd
 Jamestown, KS 66948

Your name will be forwarded on to the Jr. Advisors