

FMZA Membership Application

Name: _____

Address: _____

Phone: _____ home _____ cell

Email: _____

Website: _____

Type of Membership

Family () \$25 year

Single () \$20 year

If family membership

Spouse _____

Children _____ age _____

_____ age _____

_____ age _____

AMZA Member? Yes No

IMZA Member? Yes No

How Many Zebus do you own? _____

Farm Name _____

What are you interested in? Showing _____ Breeding _____ Sales
_____ Promotion _____ Youth _____

(Pick as many that apply)

Make checks payable to: FMZA

Mail to: Robert Kehoe

716 Logan Lane

Winter Haven, FL 33880

Do you want your information listed on the FMZA website? Yes No