Pennsylvania Junior Simmental Association Application for Membership

Member Name:				
Farm Name:				
Address:				
City:	State:_		Zip:	
Telephone Number:()		County:		
Birth Date:				
E-mail:				
Website:				
\$10.00 Junior Member (PJSA)				
Signature:		D	oate:	

Send to:

Pennsylvania Junior Simmental Association Rhonda Arndt 441 Hillside Drive Middleburg, PA 17842

Email: farmchic3@hotmail.com • Phone: 570-847-9844