



ALPACA BREEDERS OF SOUTHERN CALIFORNIA, INC. MEMBERSHIP APPLICATION

Farm Name: _____

Owner(s) Name(s): _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Fax #: _____

Email: _____ Website: _____

Number & type of alpacas you own: _____

Are you a member of AOBA? _____ Are you a member of another affiliate? _____

If "yes", which one(s)? _____

Is this renewal (a) New _____ ; (b) renewal _____ ; (c) sponsored _____

Check Membership: (Membership runs January 1st through December 31st)

Farm Membership (\$100 with voting benefits)

Mailing List (\$10)

Please include your check or money order made payable to "Alpaca Breeders of Southern California"

Please send completed application and check or money order to:

SoCalpaca
C/O Pacatudes
Phil Levy
28546 N. Horseshoe Circle
Santa Clarita, CA 91390

Please check your website listing to assure accuracy of your contact information