



CLINTON FENCEHOPPERS

Membership Application



Date: ___/___/___

___ New ___ Renewal

Category Membership:

___ Single- \$22.00

___ Family- \$32.00

Name: _____

Spouse/Children: _____

Address (required): _____

How would you like to receive your **newsletter**?

___ Mail

___ Email

Home address: _____

Email: _____

PAYMENT

→ Make **checks** payable to: **Clinton Fencehoppers**

→ **Mail** check/cash to: **P.O. Box 614 Clinton, WI 53525**

ATTENTION

→ Our meetings: **2nd wednesday of every month**

→ Rock County Alliance Meetings: **First Wednesday of every month.**

unless noted otherwise