

Schell's Border Batch Membership Application



First Name _____ Last Name _____

Address _____

Address 2 _____

City _____ State _____ Zip Code _____

Email _____

BCCA # _____ Spouse _____

Joining _____ Renewing _____

Single \$10
Family \$15 Dues \$ _____

Schell's Border Batch T shirt \$20 S ___ M ___ L ___ XL ___ XXL ___ \$ _____

Check Desired Size
Shipping \$5 \$ _____

Make Checks Payable to: Schell's Border Batch Total \$ _____

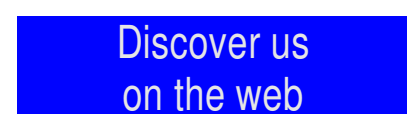
Mail to: Schell's Border Batch
1501 180th St.
LuVerne, IA 50560



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