

CANADIAN TEXAS LONGHORN ASSOCIATION

2020/2021 Membership Form

Name: _____

Ranch Name: _____

Box # or Street Address _____

Town/City _____

Province _____ Postal Code _____

Phone: _____ Fax: _____

Cell Phone: _____

Email: _____

Website: _____

TLBAA # _____

ITLA# _____

_____ \$50.00 Active Member (voting)

_____ \$25.00 Associate member (non Voting)

_____ *(please initial)* I agree to let the CTLA print my name &/or farm Name, contact information and pictures in CTLA related publications ie. Newsletters, website, TLBAA/ITLA reports and also to forward that information to potential clients.

Please make cheques payable to: CANADIAN TEXAS
CTLA or Canadian Texas Longhorn Assoc. ASSOCIATION

Return to: CTLA

c/o Kristine Fossum

Box 598

Consort, AB T0C 1B0

For more information call 403-575-0114

Email: office@ctlalonghorns.com

www.ctlalonghorns.com