

# Mississippi Hereford Association

Shaunna Melancon

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## Membership Application – Annual Dues \$20

**Name** \_\_\_\_\_

**Farm Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**County** \_\_\_\_\_

**Primary Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Website** \_\_\_\_\_

**Thank you for joining the Mississippi Hereford Association (MHA). Please send this application along with payment to Shaunna Melancon at the address above.**