## Membership Application Form South Central Llama Association (www.scla.us)

Name:			
City:	State:	Zip	
Phone : ()	Email:		
Please DO NOT print my r	name in the Membership Directory	(handed out to the public)	
\$20.0 Please mail a copy of this memb	O Adult memberships. All membe O for first-time members who join a ership form with your check (paya  SCLA MEMBERSHIP 651 Land Ranch F Seguin, TX 78155	able to SCLA) to:	year.
	South Central Llama Ass (www.scla.us)		
		Zip	
Phone : ()	Email:		_
Date of Birth			
Name & Address of SCLA Adult	Sponsor:		
	name in the Membership Directory	γ (handed out to the public) xpire January 31st of each year.	
	0 per youth, ages 5-19. 0 for first-time members who join a		

SCLA Membership 651 Land Ranch Rd Seguin, tx 78155