



Membership Application

Name: _____ Company/Ranch Name: _____

(or) Partnership Name: _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____ Telephone: _____

Email: _____

Membership Level:

_____ Shareholder (\$3,500)	_____ Competitor (Annual) (\$150)
_____ Lifetime Membership (\$1,000)	_____ Partnership (Annual) (\$150)

Member Signature: _____ Date: _____

For Partnership Cards Only:

Partner Signature: _____ Date: _____

Mail form and check to: **UBHA**
c/o Joe Waln
21811 Hisle Rd.
Martin, SD 57551