



Membership Application

Name: _____ Company/Ranch Name: _____

(or) Partnership Name: _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____ Telephone: _____

Email: _____

Membership Level:

_____ Shareholder (\$2,500)	_____ Competitor (Annual) (\$150)
_____ Lifetime Membership (\$1,000)	_____ Partnership (Annual) (\$150)
_____ Permit – one time (\$50)	Paid by: Cash Check # _____ Other

Member Signature: _____ Date: _____

For Partnership Cards Only:

Partner Signature: _____ Date: _____

Or Canada

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

UBHA
c/o Laurie McDonald
P.O. Box 824
Lac La Biche, AB
TOA 2C0