

ILLINOIS CLUB LAMB ASSOCIATION MEMBERSHIP

NAME: _____

FAMILY MEMBERS NAMES: _____

ADDRESS: _____

CITY: _____ , ILLINOIS, ZIP: _____

PHONE: _____ E-MAIL: _____

COUNTY: _____ CHECK NUMBER: _____

DUES ARE \$25.00 PER FAMILY

**PRINT AND SEND TO:
BARB HARMS
27638 E 2450 N ROAD
LEXINGTON, IL 61753 icla@lcublambpage.com**

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