

2024

Illinois Junior Simmental Association Membership

Junior Name: _____

Parent Name: _____

Junior Address: _____

Junior Cell Number: _____

Junior email address: _____

Junior DOB: _____

Social Media: Which is your preferred method of communication with IJSA; list your username under method

Facebook

Snapchat

Instagram

Twitter

Are your parents interested in the IJSA Facebook Messenger group:

Yes

No

Already a member

Name to Include: _____

Please send your membership and payment of \$10 to:

Emily Adcock

2991 N 800 East Rd

Moweaqua, IL 62550