



Texas Junior Chianina Association  
Membership

Last Name: \_\_\_\_\_

DOB \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Initial Member (\$25)

Additional Family Members (\$15 each)

Names (Please include DOB):

\_\_\_\_\_

\_\_\_\_\_

Venmo

Total \$ \_\_\_\_\_

Cash

Check # \_\_\_\_\_

Received By: \_\_\_\_\_