

# GDYF JUNIOR MEMBERSHIP APPLICATION

Yes, I would like to become a junior member of the Georgia Dairy Youth Foundation.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Please send the GDYF quarterly newsletter to my:**

Email address

Regular Address

Please contact me for volunteering!

Send completed form and check (payable to Georgia Dairy Youth Foundation, Inc.) to:

**Georgia Dairy Youth Foundation**  
**1641 New High Shoals Road**  
**Suite 5**  
**Watkinsville, GA 30677**  
**706-310-0020**