

## **GDYF YEARLY MEMBERSHIP APPLICATION**

Yes, I would like to become a member of the Georgia Dairy Youth Foundation. Enclosed is my \$25 yearly membership fee.

**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**