



Membership Application
For
Texas Agri-Women Uvalde Chapter

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____ Cell _____

Fax _____

Email _____

Check One:

I would like to receive the VOICE (American Agri-Women newsletter) via email.

I would like to receive the VOICE via postal mail.

List Areas of Interest:

Annual Dues: \$50

Send to:

Karen Barnes
PO Box 777
Uvalde, Texas 78802