



**NHWSO, INC.**

**National Holstein Women's Scholarship Organization, Inc.**

**Membership Application**

Date \_\_\_\_\_

Name \_\_\_\_\_

Farm or Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Landline Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Lifetime Membership: \$35 one time fee**

Mail to:

NHWSO, Inc.  
Attn: Kendra Lamb  
3015 Maltby Road  
Oakfield, NY 14125

