



## MEMBERSHIP APPLICATION

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

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

BIRTH DATE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Please return to:  
**NJSA, National Swine Registry**  
**2639 Yeager Road**  
**West Lafayette, IN 47906**  
**765.463.3594**  
**Fax: 765.497.2959**

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