

2025 MEMBERSHIP FORM

IDAHO WOOL GROWERS ASSOCIATION

MEMBER INFORMATION

NAME:

BUSINESS NAME:

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

PHONE:

ARE YOU A NEW MEMBER? IF SO, WHO RECRUITED YOU?

MEMBERSHIPS

ACTIVE MEMBERSHIP: Any person or business that owns sheep. Includes ASI Membership. (*Voting Member*)

0-50 Head..... **\$60**

51-100 Head..... **\$100**

101-250 Head..... **\$160**

251-500 Head..... **\$260**

501+...BASE DUES \$60 + \$0.40/ewe.. **\$ _____**

ASSOCIATE MEMBERSHIP: Any person or business with a direct interest in sheep but does not actively own sheep. Includes ASI Membership. (*Non-Voting Member*)

Associate Member Dues = \$60

Student Membership: \$15/person

Any student or young person, 24 years old or younger, with a direct interest in sheep. Includes ASI Membership. If selecting this option, please fill out the back page. (*Non-Voting Member*)

ADDITIONAL ADD-ONS

Carried Memberships: \$30/person # _____ x \$30 = \$ _____

Have family members or personnel receive the monthly Bulletin, additional publications and all updates from IWGA and ASI. If selecting this option, please fill out the back page.

TOTAL 2025 MEMBERSHIP DUES ENCLOSED= \$ _____

Please make your check out to IWGA and send with this form and the Directory Information Sheet to:

Idaho Wool Growers Association
2118 W Airport Way
Boise, Idaho 83705

CARRIED/STUDENT MEMBERSHIP INFORMATION

Carried membership allows additional family members or personnel to receive all publications and updates from IWGA without having to pay another full membership. This membership level is non-voting and \$30/person.

Student membership allows for students/individuals under 24 years of age with a direct interest in sheep to receive a monthly Bulletin and all publications. This membership level is non-voting and \$15/person.

CARRIED/STUDENT MEMBER #1

NAME:

BUSINESS NAME:

ADDRESS:

CITY:

STATE:

ZIP:

CELL PHONE:

EMAIL:

CARRIED/STUDENT MEMBER #2

NAME:

BUSINESS NAME:

ADDRESS:

CITY:

STATE:

ZIP:

CELL PHONE:

EMAIL:

CARRIED/STUDENT MEMBER #3

NAME:

BUSINESS NAME:

ADDRESS:

CITY:

STATE:

ZIP:

CELL PHONE:

EMAIL:
