

2021 I.T.A MEMBERSHIP APPLICATION

First Name _____ Last Name _____ Spouse _____

Mailing Address _____

City _____ State _____ Zip _____

Phone() _____ E-mail _____

Business Name _____

Membership Plan *Membership includes spouse & children 18-*

____ Member-\$50.00 ____ Supplier-\$50.00 ____ Board ____ Charter \$ _____

Please complete and mail to:
Illinois Taxidermist Association
500 North State Street
Ridge Farm, IL 61870

