

**UEBFA MEMBERSHIP PAY**

<b>First Name</b>	
<b>Last Name</b>	
<b>Street Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Phone Number</b>	
<b>2nd Phone Number (optional)</b>	
<b>Email</b>	
<b>Year of Membership You are Paying For</b>	<input type="checkbox"/> 2023-2024 (valid June 1st, 2023 - May 31st, 2024) <input type="checkbox"/> 2024-2025 (valid June 1st, 2024 - May 31st, 2025)
<b>Kennel Name (Optional)</b>	
<b>Single or Family Membership</b> <i>*Family membership covers you, your spouse, and your children under 18</i>	

Cost of Membership is \$30 - print out this form, fill it out, mail it and \$30 to:

UEBFA Memberships  
1234 Helton Rd  
Sevierville, TN 37876