

Limi Boosters Membership Application

Your name: _____

Ranch name: _____

Address: _____

City, state, ZIP code: _____

Phone number: _____

E-mail address: _____

Dues (circle one): \$20 annually or \$200 lifetime

Date: _____ Amount paid: \$ _____

Make checks payable to
"Limi Boosters"

Send this form and payment to
Mary Blaydes
1938 W. Leestown Rd.
Midway, KY 40347-9772