

Cherrybend New Membership

New Member \$700 +tax

Annual Renewal \$650 +tax

Make check for: **\$725.52** to include the tax.

Name _____

Address _____

City/State/Zip _____

Email _____

Phone _____

Name of Dog/Breed _____

Vehicle _____

Emergency Contact: _____

_____ I have included a check for \$725.52 to begin my Cherrybend Membership.

_____ # attending the October 13th Member Clinic

12 Pheasant Credit equivalent---*Dues in by August 31st.*

10 Pheasant Credit equivalent—Sept.1-Sept.30

8 Pheasant Credit equivalent—After September

Please review the Member Policy prior to paying Membership.

Remit Dues to:

Cherrybend Pheasant Farm

2326 Cherrybend Rd.

Wilmington, OH 45177