## **Texas Hereford AUXILIARY Dues**

Name:			
Address:			
City:		State	Zip
			Fax
E-Mail:			
$\square$ <b>No</b> , there are no changes to m	ny contact info	ormation.	
$\Box$ <b>Yes,</b> my contact information h	nas changed. (	Please include change	s in spaces provided above.)
Texas Auxiliary Dues:	\$20.00	Make check payable to Texas Hereford Auxiliary	
National Herford Women Dues	\$20.00	Please return to:	
		Texas Hereford Auxiliary Secretary/Treasurer	
<b>Total Amount Due:</b>	\$40.00	c/o Shannon Mehaffey	
		P.O. Box 445, Olt	on, TX 79064-0445
Amount enclosed: \$			