



Membership Form

First Name _____

Last Name _____

Home Phone _____

Cell Phone _____

Email _____

Address _____

Circle One: Own or Manage a facility or Keep at home

Livestock Type(s) _____

Number of Animals _____

Make your annual \$25 Membership fee (per family) payable to HLWA.

Mail the form with your payment to:

Resource Conservation District of Ventura County, PO BOX 147, Somis, CA 93066