



Scottish Blackface Breeders Union

Membership Application Form



Name: _____ Date: _____

Farm Name: _____

Address: _____

_____ State/Zip: _____

Telephone: _____

Email: _____

Website: _____

Number of SBF Ewes: _____

Do you breed Scotch Mules: _____

Please add any comments or ideas: _____

Please complete this membership application, enclose \$20
check made Payable to:

Scottish Blackface Breeders Union

Mail To:

SBBU
C/O Graham Phillipson
21925 County Hwy ZZ
Richland Center, WI 53581

Phone: 608-647-7118
E-mail: littledalefarm@countryrspeed.com

