



SERAMA COUNCIL OF NORTH AMERICA

(Membership Application)

Name: _____

Farm/Family Name (if you show under this name) _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Home Phone : _____ Cell Phone: _____

Varieties _____

Membership: (circle one) Juniors (18 & under) Free *Individual: \$15.00* *Farm/Family: \$20.00*

Please make your check/money order out to: Serama Council of North America

***Mail to: Jerry Schexnayder
P. O. box 159
Vacherie, LA 70090
www.scaonline.org***

AMOUNT ENCLOSED: \$ _____