

South Dakota Grassland Coalition
Membership Application

NAME: _____

BUSINESS / OPERATION NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL / WEB: _____

1 Year Membership (\$30)

Please make checks payable to: **South Dakota Grassland Coalition**

Mail to: **South Dakota Grassland Coalition**

PO Box 401

Presho, South Dakota 57568

Privacy Statement: *The South Dakota Grassland Coalition does not share contact information with other entities.*