

South Dakota Grassland Coalition  
**Membership Application**

NAME: \_\_\_\_\_

BUSINESS / OPERATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL / WEB: \_\_\_\_\_

**1 Year Membership (\$35)**

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.*