

Ann Sundermann, Treasurer

2024-25 SDHSRA Adult Membership Application



Name:		
Street Address:		
City:	State:	Zip:
Email:	Phone:	
Date Submitted:		
Please print and mail with \$10 membership fees to:		
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SDHSRA		

PO Box 303
Baltic, SD 57003

If you plan to attend the Fall Membership Meeting and wish to vote, plants and the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and wish to vote, plants are supplied to the Fall Membership Meeting and which the Fall Membership Meeting are supplied to the Fall Membership Meeting are supplied to the Fall Membership Meeting and the Fall Membership Meeting are supplied to the Sall Membership Meeting are supplied to the Sall Membership Meeting are supplied to the

If you plan to attend the Fall Membership Meeting and wish to vote, please DO NOT mail this form after September 15th, 2024. Instead, purchase your membership onsite at the meeting.