

CANADIAN SIMMENTAL ASSOCIATION
AMENDMENT ON EXISTING MEMBERSHIP ACCOUNT
Changes to Account Information

*****Current Account Information**

Date: _____

CSA Member #

MEMBERSHIP NAME _____

NAME OF OWNER(S) (Note: All owners listed are required to sign this application form)

ADDRESS _____ Phone No. _____

_____ Fax No _____

CITY/TOWN & PROVINCE _____ Cell No. _____

POSTAL CODE _____ E-Mail: _____

*****Amended Account Information**

MEMBERSHIP NAME _____

NAME OF OWNER(S) (Note: All owners listed are required to sign this application form)

ADDRESS _____ Phone No. _____

_____ Fax No _____

CITY/TOWN & PROVINCE _____ Cell No. _____

POSTAL CODE _____ E-Mail: _____

Other changes (Please specify): _____

The Authorized Representative(s) of this membership give authority on this account to be amended as listed above and that they are aware of this request. **THIS APPLICATION MUST BE SIGNED BELOW BY THE INDIVIDUAL, ALL MEMBERS OF THE PARTNERSHIP OR SIGNING OFFICER(S) ON THIS MEMBERSHIP ACCOUNT**

Signature of Authorized Representative

Signature of Authorized Representative

Print Name

Print Name

Signature of Authorized Representative

Signature of Authorized Representative

Print Name

Print Name

Return completed form to:

**Canadian Simmental Association - #13, 4101 – 19th Street NE, Calgary, AB T2E 7C4
Or Fax 1-403-250-5121 or e-mail to cansim@simmental.com**