

**CANADIAN SIMMENTAL ASSOCIATION
AMENDMENT ON EXISTING MEMBERSHIP ACCOUNT**

CSA Member #

***** Amendment *****

Date

MEMBERSHIP NAME (Maximum 30 letters) Note: This is the name that will print on the registration certificates.

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

STREET OR BOX NO.

Telephone no.

CITY/TOWN & PROVINCE

Business/Cellular telephone no.

POSTAL CODE

Fax no./e-mail address

Other changes (Please specify):

I do not wish for the CSA to use my personal contact information for business purposes it deems necessary. * For more information about the Privacy Policy, see www.simmental.com

AMEND SIGNING AUTHORITY:

The Authorized Representative(s) of this membership give authority
For the Signing authority on this account to be amended as follows:

*****Note***** Individuals shown below must sign; thereby indicating their consent for removal/addition from/to this membership account

Additions (list below):

Deletions (list below):

Signature of Authorized Representative

Signature of Authorized Representative

Print Name

Print Name

Signature of Authorized Representative

Signature of Authorized Representative

Print Name

Print Name

SIGNATURE OF EACH AUTHORIZED REPRESENTATIVE REQUIRED BELOW (if space does not allow, please attach an additional piece of paper or use reverse)

I/We agree to confirm to the Constitution and By-Laws of the said Association, and pay the prescribed membership fee as indicated in the Schedule of Fees.

Signature of Authorized Representative

Signature of Authorized Representative

Print Name

Print Name

Signature of Authorized Representative

Signature of Authorized Representative

Print Name

Print Name

**THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL, ALL MEMBERS OF
THE PARTNERSHIP OR SIGNING OFFICER(S) ON THIS MEMBERSHIP ACCOUNT**