

**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: \_\_\_\_\_

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**\*\*\*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 – 19<sup>th</sup> Street NE, Calgary, AB T2E 7C4  
Or Fax 1-403-250-5121 or e-mail to cansim@simmental.com**