

CANADIAN SHORTHORN ASSOCIATION

Unit A, #13, 4101 19th St NE Calgary, AB T2E 7C4
registry@canadianshorthorn.com Ph: 403.717.2581 Fax: 403.253.1704

APPLICATION FOR MEMBERSHIP

Name: _____
If a partnership, company or incorporated organization, give complete and correct name

Farm Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Website: _____

Type of Membership (Mark with X):

Annual _____ Associate _____ Junior _____ (If Junior, state date of birth) _____ | _____ | _____
(See fee schedule for appropriate amount) Day Month Year

THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL, A MEMBER OF THE PARTNERSHIP OR SIGNING OFFICER OF THE ORGANIZATION APPLYING FOR MEMBERSHIP.

The undersigned hereby applies for Membership in the Canadian Shorthorn Association, a non-profit corporation with all the rights and privileges and subject to the obligations thereof, as more fully set forth in the By-Laws of the Association. By signing this application I understand that my contact information will be published in the online and printed breeder directories.

X _____
Applicant Sign here

X _____
Signature of person authorized to vote if other than an individual

Print Name: _____

Print Name: _____

APPLICATION FOR TATTOO COMBINATION

Please list three, 3-4 letter choices, as many combinations have been taken. CANNOT contain numbers or the letters "I", "O", "Q", or "V".

First Choice: _____ Second Choice: _____ Third Choice: _____

APPLICATION TO REGISTER HERD NAME

The entire name (including prefix, etc.) must not consist of more than twenty-five (25) characters. The Herd Name must be acceptable to the Canadian Shorthorn Association.

First Choice: _____

Second Choice: _____

Third Choice: _____

PLEASE SEND CHEQUE WITH SIGNED FORM. OTHERWISE, COMPLETE CREDIT CARD INFORMATION BELOW:

M/C or VISA # _____ Exp. Date: ____/____

Cardholder Name: _____

See Fee Schedule for appropriate amounts.