

**CANADIAN SHORTHORN ASSOCIATION**  
Box 3771, Evraz Place, Regina, Saskatchewan S4P 3N8 Canada  
Telephone (306)757-2212 Fax (306)525-5852  
registry@canadianshorthorn.com www.csa.digitalbeef.com

**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_  
If a partnership, company or incorporated organization, give correct name thereof

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 Schedule of Fees on CSA website for fees.**