

MEMBERSHIP APPLICATION

Membership Name: _____
(Farm of Individual Non Transferable)

Acting Agent(s): _____

Title: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Signature: _____ **Date:** _____

Life Membership: **\$500.00 One time membership fee.**
(or six consecutive annual installments of \$100.00)

Annual Membership: **\$100.00 Annual fee.**

Vote on issues
Hold an office or serve on executive committee
Make late entries
Stalling Preference

If dues are not current active membership will be revoked

Make checks payable to Simmental Breeders Sweepstakes
Mail to above address