

Membership Change Form

One Genetics Way, Bozeman, MT 59718 Phone (406) 587-4531 Fax (406) 587-9301 Email: simmental@simmgene.com

ASA Member #:				ar e sammigenere em
MEMBERSHIP CHANGES – Check only those desired				
· · · · · · · · · · · · · · · · · · ·	100.00	Herd Prefix		\$10.00
Authorized Representative(s)	-	From Active Junio	r to Active Adult	\$70.00
Address	-	From Expired Juni	or to Active Adult	\$110.00
Telephone(s)	-			
I hereby state that the membership for which a name change is concerned. If this is a transfer to an heir resulting from a death of	being reques f the previous	ted has not been sold, traded owner, please initial.	d, or otherwise exchanged ins	ofar as ownership is
COMPLETE ONLY THOSE PORTIONS RELATING	TO THE	CHANGE.		
NAME TO BE ON CERTIFICATES (Max 36 characters)				
			lividual <u>Junior Members</u> – Junion	
OWNER/MANAGER (or GUARDIAN if Junior Account): <u>*C1i</u>		ntative on account.	
MAN DIG ADDRESS			ntative on account.	
MAILING ADDRESS:				
CITY:		STATE:	ZIP:	
HOME PHONE:		CELL PHONE:		
OFFICE PHONE:		FAX:		
EMAIL:				
EMAIL: *eNews, ASA's digital newsletter, will automatically be sent	to you. You ca	n opt out by selecting the "unsul	bscribe" link on the bottom of the	eNews email.
Reports: THE, DNA Results HERD PREFIX (OPTIONAL \$10.00): 1ST CHOICE A prefix is a 2-4 character (letter, symbol and/or number) combination the last name is not considered a prefix, even if it's two to four characters lost	nat precedes the	Month-end Statements 2ND CHOICE name of the animal followed by	Voting: Ballots 3RD CHOICE 7 a space. A common word or personal common word	on's first, middle, or
Signature of each authorized repres Names must appear exactly the				
The undersigned applicant expressly agrees that the Board of Trustee whenever, in the sole and unlimited discretion of the said Board of Trustee whenever, in the sole and unlimited discretion of the said Board of Trusteeven, Regulations or Constitution. The above named ranch, corporation Simmental Association as amended from time to time, as interpreted applicant further binds himself to keep and maintain complete within-he	rustees, any me ion or individua and enforced by	mber shall be found to have fa all agrees to abide by the Rules a y the Board of Trustees or such	iled to comply with any of the And Bylaws, Regulations, or Const	Association's Rules and itution of the American
*NOTE: All account information changes (address, password, aurepresentative listed has the authority to				ler. Any authorized
X		X		
Print name of Primary (or Guardian if Junior According	unt)	Signatur	e of Primary (or Guardian if Junio	or account)
Add				
Remove X		X	re of Authorized Representative	
Print name of Authorized Representative		Signatur	e of Authorized Representative	
Add Remove X		X		
Remove A Print name of Authorized Representative		Signatur	re of Authorized Representative	
Add		V		
Remove X Print name of Authorized Representative		XSignatur	re of Authorized Representative	
		Signatui	or rumorized representative	
PAYMENT OPTIONS:			_	000 11 0 1
Mail check with application				Office Use Only
Credit card online or by phone - (406) 587-4531			Dat	e Rcvd: