

Application for Membership

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

Adult Membership

Junior Membership

Date of Birth _____

*Juniors only

JUNIOR must be 21 or under as of January 1st of the paid membership year (July 1 – June 30)

NAME TO BE ON CERTIFICATES (Max 36 characters): _____

Adult Members – Ranch, Corp/LLC, or Individual Junior Members – Junior name only

OWNER/MANAGER (or GUARDIAN if Junior Account): _____

*Guardian will be made authorized representative on account

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

OFFICE PHONE: _____

FAX: _____

EMAIL: _____

**Please note: If an email is provided on the membership form, all notifications (billing/invoices, etc) from ASA will be sent to that email. If certificates are requested, they will be mailed to address on account. (initials) _____*

HERD PREFIX (OPTIONAL \$10.00): 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

A prefix is a 2-4 character (letter, symbol and/or number) combination that precedes the name of the animal followed by a space. A common word or person's first, middle, or last name is not considered a prefix, even if it's two to four characters long.

***Signature of each authorized representative required below – Print application to add signatures
Names must appear exactly the same on all partnership, junior, and/or adult accounts.***

The undersigned applicant expressly agrees that the Board of Trustees has and shall forever retain the exclusive and sole right to discontinue any member's membership whenever, in the sole and unlimited discretion of the said Board of Trustees, any member shall be found to have failed to comply with any of the Association's Rules and Bylaws, Regulations or Constitution. The above named ranch, corporation or individual agrees to abide by the Rules and Bylaws, Regulations, or Constitution of the American Simmental Association as amended from time to time, as interpreted and enforced by the Board of Trustees or such committees as the Board of Trustees may designate. Applicant further binds himself to keep and maintain complete within-herd performance and breeding records.

***NOTE: Any authorized representative has the authority to conduct business (register, transfer, change account information, passwords, etc) on this account.**

X _____
Print name of Primary

X _____
Signature of Primary

X _____
Print name of Authorized Representative (Parent or Guardian if Junior)

X _____
Signature of Authorized Representative (Parent or Guardian if Junior)

X _____
Print name of Authorized Representative

X _____
Signature of Authorized Representative

X _____
Print name of Authorized Representative

X _____
Signature of Authorized Representative

By signing this application for membership applicant irrevocably waves any claim against and grants an absolute release to the American Simmental Association, any member, employee, or agent of the Association, for any act or omission in connections with the Association, including but not limited to, any enforcement of the rules and regulations presently in effect or hereafter adopted by the Association

{Policy re: ASA By-Law § 2.N., § 3.D.} All ASA junior members must designate a parent or legal guardian who is authorized to act on the junior member's behalf and to sign registration applications, transfer applications or other similar ASA documents.

MEMBERSHIP/ANNUAL SERVICE FEES (ASF)

(Includes subscription to *the Register* and *SimTalk* magazines, and access to ASA's registration performance system, Herdbook Services)

Adult

New Membership (July 1 – June 30) - **\$160.00** (\$110 + \$50 setup fee)

New Membership (January 1 – June 30) - **\$105.00** (\$55 + \$50 setup fee)

Annual Service Fee (Billed July 1; must be paid by Oct 24) - **\$110.00**

Annual Service Fee (If paid after Oct 24) - **\$160.00** (ASF + Reinstatement Fee)

Junior

New Membership (July 1 – June 30) - **\$40.00**

Annual Service Fee (Billed July 1) - **\$40.00**

PAYMENT OPTIONS:

Mail check with application

Credit card by phone - (406) 587-4531

Online (Password will be sent by email/mail for online access)

For Office Use Only:

Membership #: _____

Date Rcvd: _____