

American Simmental Association  
 One Genetics Way, Bozeman MT 59718  
 Tel: 406-587-4531 Fax: 406-587-9301  
 Email: members@simmgene.com  
 Website: [www.simmental.org](http://www.simmental.org)

# Membership Change Form

For Office Use Only  
 Date Received \_\_\_\_\_

**PAYMENT:** Pay online at [herdbook.org](http://herdbook.org) with a credit card. If you don't wish to pay online, please mail check with application or pay with credit card by calling 406-587-4531

**Note: COMPLETE ONLY THOSE PORTIONS RELATING TO THE CHANGE PLEASE TYPE OR PRINT CLEARLY IN INK.**

ASA Member # \_\_\_\_\_

**(Consider name carefully, you are allowed one name change, cost is \$100.00)**

**Previous Information:**

- NAME ON CERTIFICATES \_\_\_\_\_  
 (Ranch, Corporation or Individual) **Max 36 letters**, numbers and /or space)
- OWNER or MANAGER \_\_\_\_\_  
 (Person primarily responsible for business transactions involving this membership)
- ADDRESS \_\_\_\_\_  
 (Street, rural route or post office box to mail records)
- CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**New Information:**

- NAME TO BE ON CERTIFICATES \_\_\_\_\_  
 (Ranch, Corporation or Individual) **Max 36 letters**, numbers and /or space)
- OWNER or MANAGER \_\_\_\_\_  
 (Person primarily responsible for business transactions involving this membership)
- ADDRESS \_\_\_\_\_  
 (Street, rural route or post office box to mail records)
- CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
- HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_
- OFFICE PHONE \_\_\_\_\_ FAX \_\_\_\_\_
- EMAIL\* \_\_\_\_\_  
*\*Please note: If an email is provided on the membership form, all notifications such as billing/invoices, statements, status of your data processing, updates and announcements 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 \_\_\_\_\_

**Membership Changes - Check only those changes desired**

- |  |   |
|--|---|
| <input type="checkbox"/> Membership Name (only 1 change allowed)      \$100.00 | <input type="checkbox"/> From Active Junior to Active Adult      \$110.00 |
| <input type="checkbox"/> Authorized Representative(s) Changes      -           | <input type="checkbox"/> Herd Prefix      \$10.00                         |
| <input type="checkbox"/> Address      -  | <input type="checkbox"/> Telephone(s)      -                              |

I hereby state that the membership for which a name change is being requested has not been sold, traded or otherwise exchanged insofar as ownership is concerned. If this is a transfer to an heir resulting from a death of the previous owner, please initial. Initials \_\_\_\_\_

**Note: Signature is required to add new authorized representatives from Owner/Manager and new representative. 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.

X \_\_\_\_\_  
 Print name of Owner or Manager - Primary for business transactions

X \_\_\_\_\_  
 Print name of Authorized Representative

X \_\_\_\_\_  
 Print name of Authorized Representative

X \_\_\_\_\_  
 Print name of Authorized Representative

X \_\_\_\_\_  
 Signature of Owner or Manager

X \_\_\_\_\_  
 Signature of Authorized Representative

X \_\_\_\_\_  
 Signature of Authorized Representative

X \_\_\_\_\_  
 Signature of Authorized Representative

**When making changes to your ASA membership records,  
here are some important items to keep in mind.**

- 1) You only need to fill out the section that needs changing-  
Example: If you are changing only your phone number, there is no need to fill out the section on address; but, please list both the old and the new information where applicable.
- 2) Always fill in your ASA Membership number in the space provided on the front of this application.
- 3) Most problems arise over changes in authorized representatives for the Membership. Take special care to mark clearly what changes you want.
  - A. If you want to add a new representative to the membership, we need to know if this is in *addition* to all current representatives or if it is in *replacement* of a current authorized representative.
  - B. When a representative is being added, the signatures of both a current representative and the new representative being added are required.
  - C. Names must appear exactly the same on all partnership, junior and/or adult accounts.
- 4) The first name listed on the membership application form will be recognized as the person with the authority to act for this membership in case of a dispute between or among the authorized representatives.