



MEMBERSHIP APPLICATION (Part II)

Signing Authority and Credit Card Application

Membership Name _____

Please indicate below the name of the individual(s) who the Canadian Shorthorn Association is to designate as a signing authority on all matters related to the Membership being applied for, such as: animal registration, transfers etc.

I/we declare the following persons should be recorded with The Canadian Shorthorn Association as designated signing authority for this membership:

_____ Signature	_____ Signature of Person Authorized to Vote	_____ Date
_____ Signature	_____ Signature of Person Authorized to Vote	_____ Date
_____ Signature	_____ Signature of Person Authorized to Vote	_____ Date

Check one: All signatures required Any of the above signatures is acceptable

Authorization to use Credit Card for Payment

We hereby give permission for transactions with the Canadian Shorthorn Association to be processed on the following:

Check one: Visa Mastercard

_____ Card Number	
_____ Expiry Date (Month/Year)	_____ Name of Card (Please Print)
_____ Signature	

** Note: Payment is required in advance on all work requested of the Canadian Shorthorn Association.
Payment may be made by cheque, e-transfer or credit card (on file or by phone).