



Phone: 306-757-2212 Email: registry@canadianshorthorn.com
Mail: Box 3771, Regina, SK S4P 3N8

APPLICATION FOR ASSOCIATED ACCOUNT AUTHORIZATION

Please complete the below information for those requiring the intention of other membership accounts to complete registry work on behalf of another CSA member.

ASSOCIATE HERD

Membership account giving administrative permission.

CSA Membership ID: _____

Membership Name: _____

MASTER HERD

Membership account granted to have administrative permission.

CSA Membership ID: _____

Membership Name: _____

SIGNATURE OF EACH AUTHORIZED REPRESENTATIVE

I/We agree to allow our accounts to be linked in the CSA registry.

Associate Representative's Signature

Master Representative's Signature

Associate Representative's Printed Name

Master Representative's Printed Name

Date Signed

THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL, ALL MEMBERS OF THE PARTNERSHIP OR SIGNING OFFICER(S) ON BOTH MEMBERSHIP ACCOUNTS