



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

APPLICATION FOR MEMBERSHIP AMENDMENT

CSA Member #: _____

Current Membership Name: _____

REQUIRES THE AMENDMENT(S) OF:

**Select minimum one option.*

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Account Name | <input type="checkbox"/> Signing Authority | <input type="checkbox"/> Herd/Tattoo Prefix |
| <input type="checkbox"/> Address | <input type="checkbox"/> Phone/Fax Number | <input type="checkbox"/> Website |
| <input type="checkbox"/> Email | <input type="checkbox"/> Other (<i>please specify</i>): _____ | |

To now state in the registry as:

_____ *Amendment One*

_____ *Amendment Two (if required)*

_____ *Amendment Three (if required)*

I agree to confirm to the Constitution and By-Laws of the Canadian Shorthorn Association and pay the applicable fees as indicated in the Schedule of Fees.

Signature of Authorized Representative

Signature of Authorized Representative

Printed Name of Authorized Representative

Printed Name of Authorized Representative

Effective Date (*dd/mm/yyyy*)

****THIS APPLICATION MUST BE SIGNED BY ALL MEMBERS OF THE PARTNERSHIP, AND SIGNING OFFICERS ON THIS MEMBERSHIP ACCOUNT.****