



**CANADIAN SHORTHORN ASSOCIATION
ASSOCIATE ACCOUNT AUTHORIZATION**

MASTER HERD

CSA MEMBER #

MEMBERSHIP NAME

STREET OR BOX NO.

Telephone no.

CITY/TOWN & PROVINCE

Business/Cellular telephone no.

POSTAL CODE

Fax no./e-mail address

ASSOCIATED HERD

CSA MEMBER #

MEMBERSHIP NAME

STREET OR BOX NO.

Telephone no.

CITY/TOWN & PROVINCE

Business/Cellular telephone no.

POSTAL CODE

Fax no./e-mail address

SIGNATURE OF EACH AUTHORIZED REPRESENTATIVE REQUIRED BELOW

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

Signature of Authorized Representative

Signature of Authorized Representative

Print Name

Print Name

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