



**CANADIAN SHORTHORN ASSOCIATION
AMENDMENT ON EXISTING MEMBERSHIP ACCOUNT**

CSA Member #

***** Amendment *****

MEMBERSHIP NAME (Maximum 30 letters) Note: This is the name that will print on the registration certificates.

NAME OF OWNER(S) (Note: All owners listed are required to sign the application form)

STREET OR BOX NO.

Telephone no.

CITY/TOWN & PROVINCE

Business/Cellular telephone no.

POSTAL CODE

Fax no./e-mail address

Herd letters

Herd Prefix

I do not wish for the CSA to use my personal contact information for business purposes it deems necessary.

SIGNATURE OF EACH AUTHORIZED REPRESENTATIVE REQUIRED BELOW

I/We agree to confirm to the Constitution and By-Laws of the said Association and pay the prescribed membership fee as indicated in the Schedule of Fees.

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 THIS MEMBERSHIP ACCOUNT