



MISSOURI SIMMENTAL ASSOCIATION

Membership Application

Application is hereby made for membership in the Missouri Simmental Association to be issued in the name of:

Member Name: _____

Farm Name (if applicable): _____

Address of membership: _____

Telephone: _____

E-mail address: _____

Website Address (if applicable): _____

My American Simmental Association Membership number is: _____

I/We: _____ agree to abide by the Rules and Regulations, Constitution and by-laws of the Association as amended from time to time, and as interpreted and enforced by the Board of Directors or such committees as the Board of Directors may designate.

The undersigned applicant expressly agrees that the Board of Directors has and shall forever retain the exclusive and sole right to discontinue any member's membership whenever in the sole and unlimited discretion of said Board of Directors, any member shall be found to have failed to comply with any of the Association's Rules, Regulations, Constitution or By-Laws.

Send \$50 check with application.

Signed: _____

Return to:

Missouri Simmental Association
PO Box 222 Taneyville, MO 65759
MOSimmAssc@gmail.com