

I.S.A. Membership Application

"Working Together To Make A Difference"

Application is hereby made for membership in the Illinois Simmental Association to be issued to the undersigned.

Membership Name: _____

Farm Name (if different): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ASA#: _____

Directions to your farm:

We agree to abide by the rules and regulation, constitution and by-laws of the Association as amended from time to time as interpreted and enforced by the Board of Directors. 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 bylaws.

Signed: _____

Voting Membership(s) @ \$50.00= _____

Junior Membership(s) @ \$ 5.00= _____

Total Enclosed: _____

Junior Name(s): _____

Make payments to:
Illinois Simmental Association

Mail payments to:
Brian Loschen, Treasurer, 3428 1900 E CR, Ludlow, IL 60949