## **I.S.A. MEMBERSHIP APPLICATION** "ONE TEAM, ONE DREAM"

Application is hereby made for membershi	p into the Illinois Simment	al Association to be issued to the undersigned.
Membership Year:		
Membership Name:		
Farm Name (if different):		
Address:		
City:	State	Zip Code:
Phone:	Email:	
ASA#:		
and enforced by the Board of Directors. The unders retain the exclusive and sole right to discontinue any	igned applicant expressly a member's membership wh	Association as amended from time to time as interpreted grees that the Board of Directors has and shall forever nenever, in the sole and unlimited discretion of said y of the association's rules, regulations, constitution or

Signed:
Annual Voting Membership(s) @ \$50.00 each =
Annual Junior Membership(s) @ \$10.00 each =
Total Enclosed:
Junior Names(s):
Mail form and payments to: Illinois Simmental Association c/o Tony Drach, Treasurer

2114 E 1425 North Rd. Pontiac, IL 61764