American-International Charolais Association 11700 N.W. Plaza Circle • Kansas City, MO 64153 816/464-5977 • FAX 816/464-5759

Application for Membership

Date: / / year			
Application is hereby made for membership in the	American-International CI	harolais Association to be is	ssued in the name of:
			saca in the name of.
Membership Name (please print)	(the name you want prin	nted on your registration certificates)	
Contact Name (if different than membership name)			
, , , , , , , , , , , , , , , , , , , ,	Last	First	Middle Initial
Address			
City	State	eZip Code _	
Phone () number	E-mail:		
If accepted, (I, we) agree to be governed by the Ru time to time, and as interpreted and enforced by the designate. Applicant further binds their membershi any information contained, at any time the Association The following, if different name from the applicant,	ne Association's Board of p to keep and maintain full ation requests.	Directors or Committees as and complete breeding reco	the Board of Directors may
The following, it different fiame from the applicant,	are authorized to sign on	benan of the membership.	
Name (please print)			
Signature			
Name (please print)			
Signature			
Name (please print)			
Signature			
A remittance of \$125 must be enclosed for member	ership fees.		
The undersigned applicant further expressly agree properly constituted designee has and shall forew whenever, in the sole and unlimited discretion of sa to have failed to comply with any of the Association	ver retain the exclusive an	nd sole right to discontinue operly constituted designee,	any member's membership
Signature of applicant	_	Breeder number (if app	licable)
Member must have at least one animal registered Please provide registration number of one animal.		e eligible for active status.	