

Pennsylvania Simmental Association Application for Membership

Member Name: _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number:(_____) _____ County: _____

Directions to Farm: _____

E-mail: _____

Website: _____

I am willing to work on a committee. My preference is _____.

\$35.00 Full Member _____

\$10.00 Junior Member (PJSA) _____

I agree to abide and be bound by the Constitution, By-Laws and regulations of the Pennsylvania Simmental Association, Inc.

Signature: _____ Date: _____

Send to:

**Pennsylvania Simmental Association
c/o Nichole Graham
13820 Wolf Road
Felton, PA 17322**