



ASSOCIATE MEMBERSHIP FORM

Farm Name: _____

Name of Member: _____

Address: _____

Town/City: _____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

For first time members:

Type of Farm: _____

Number of Milking Shorthorns currently owned: _____

Associate membership ensures your placement on our mailing list, including our annual magazine, The Improver. For a full membership which includes reduced rates on registrations, contact the Secretary-Manager or download from the website at www.cmss.on.ca

Associate Membership: \$20/year or \$50 for three years

Full membership (paid to CLRC): \$85/year

Please return this form, along with payment to:

Canadian Milking Shorthorn Society

302-400 Waterloo Ave, Guelph, Ontario N1H 7H9

Tel: (519) 824-2119 Fax: (519) 824-2566 Email: milking.shorthorn@gmail.com