Virginia Junior Simmental Association

You are only a Junior up to your 22nd birthday as of January 1st.

Name:_____

Address:_____

City/Town:_____State:_____ ZIP:_____

Primay Phone:_____Cell Phone:_____

Email:_____

Date of Birth_____

Membership Fees: First year: $10.00

Renewal: $5.00

The undersigned applicant expressly agrees that the Board of Trustees has and shall forever retain the exclusice and sole right to disconinue any members's membership whenever, in the sole and unlimited discretion of the said Board of Trustees, any member shall be found to have failed to comply with any of the Associatons's Rules and Bylaws, Regulations, or Constitution. The above named individual agrees to abide by the Rules and Bylaws, Regularions or Constitution of the Virginia Simmental Association as amended from time to time, as intrerpreted and enforced by the Board of Trustees of such committees as the Board of Trustees may designatge. Applicant further binds himself to keep and maintain complete within-herd performance and breeding records.

_____ _____

Print name of Individual Signature of Individual

_____ _____

Printed name of Parent Signature of Parent

Parent signature required if member is under 18 years of age.

Please return application to:

Sidnie Saville
1754 Mud Pike
Christiansburg, VA 24073