

ASA Authorized Representative Request

Please Type or Print Legibly

I, _____, formally request that _____ be added as an
(First and Last Name) *(First and Last Name of Requested Authorized Representative)*
authorized representative to ASA membership account number _____.
(Membership Account #)

X _____
(Signature of Newly Added Authorized Representative)

X _____
(Signature of Account Holder)

Submit Form To:

Email: simmental@simmgene.com

Fax: 406.587.9301

Mail: American Simmental Association

1 Simmental Way

Bozeman, MT 59715