

MB SIMMENTAL

Life Membership Application

Family and/or Farm Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

MSA members are given the opportunity to be included on the MSA website, but in accordance with Canadian Privacy laws, the following must be signed as your authorization.

I/we, the undersigned, give my/our consent for the above contact information to appear on the MSA web site, including "live links" to my/our email and web site addresses.

\_\_\_\_\_  
Sign here

\_\_\_\_\_  
Date

*Please include a cheque for \$50 made out to the Manitoba Simmental Association and mail to:*

*Laurelly Beswitherick, Secretary-Treasurer  
Manitoba Simmental Association,  
Box 274 Austin, MB R0H 0C0*