



# Michigan Simmental Association

## Membership Application

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

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

***Dues are \$25 per year.*** Please make checks payable to Michigan Simmental Association.

**Please print & mail form and payment to:**

**Michigan Simmental Association  
C/O Dave Stough  
18565 G. Drive North  
Marshall, MI 49068**