



SALERS ASSOCIATION OF CANADA
PO Box 1664, CARSTAIRS, AB T0M 0N0
PHONE: 403-264-5850 FAX: 403-264-5895
INFO@SALERSCANADA.COM
SALERSCANADA.COM

NAME: _____

If for a Partnership, Company or Incorporated Organization, give contact name thereof.

ADDRESS: _____

POSTAL CODE: _____ TELEPHONE #: _____

E-MAIL _____

1) APPLICATION FOR MEMBERSHIP

I/We, hereby apply for Membership in the **SALERS ASSOCIATION OF CANADA**, this ____ day of _____ 2018.

ANNUAL	\$105.00	SERVICE FEE for life membership after 6 years of regular membership	\$78.75	JUNIOR	\$5.25
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If a Junior Member, state date of birth _____

I/We agree to conform to the Constitution and By-Laws of the said Association and pay the prescribed membership fee as indicated in the Schedule of Fees.

Authorized Signing/Owner/Agent (Please Print)

Sample Signature



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2) APPLICATION FOR TATTOO LETTERS

Please allot the tattoo letters:

(List three alternatives)

3) APPLICATION FOR HERD NAME

I/We, hereby make application for the registration of:

(List three alternatives)

for our exclusive use.

Fee enclosed: (\$17.50) _____

Signature of Applicant: _____

for our exclusive use.

Fee enclosed: (\$24.25) _____

Signature of Applicant: _____

THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL, A MEMBER OF THE PARTNERSHIP OR SIGNING OFFICER OF THE ORGANIZATION APPLYING FOR MEMBERSHIP.