

Membership Application

Membership name: (note: t	his is the name that will print o	n registration certificates)	
		ame:	
Address:			
		Postal code:	
Phone:	Phone (mobile):		
Fax:	Email:		
Website:			
I / We apply for the following:			
Annual membership (\$	150+tax)		
Junior membership (\$2	25+tax) Under 18 years of age		
Herd Prefix / Tattoo let	ters (\$15+tax)		
Herd Prefix 1st choice:	Herd Prefix 1st choice: ———	Herd Prefix 1st choice: ————	
Herd name (\$10+tax)			
Please register, this membership wher	n naming animals. Please note:	_ as the Herd Name, for the exclusive use the herd name must be accepted by the C	of SPA.
corporation, with all rights and laws of the Association.	privileges and subject to the ob	adian Speckle Park Association, a non-probligations thereof, as fully set forth in the l	by-
		Canadian Speckle Park Assocaition. I / We	
, ,		SPA, any member, employee, or agent of t ociation including but not limited to, any	
formcement of the rules and re	gulations presently in effect or	hereafter adopted by the Association. I / Nee in Breed Improvement programs.	
Applicant(s) signature		rint Name	