

**Pennsylvania Simmental Association
Application for Membership**

Member Name: _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ County: _____

Directions to Farm _____

E-mail: _____ Web Site: _____

\$35.00 Full Member _____

I agree to abide and be bound by the Constitution, By-Laws and regulations of the Pennsylvania Simmental Association, Inc.

Signature: _____ Date: _____

**Send to:
Ginger Woolcock
38 Reese Road • Orangeville, PA 17859
Phone: (570) 458-5340
E-mail: wfwoc@ptd.net**