



American Maine-Anjou Association Membership Application
 204 Marshall Road, P.O. Box 1100, Platte City, MO 64079-1100
 E-Mail: maine@kc.rr.com Telephone (816) 431-9950 Fax (816) 431-9951

Office Use:
Member Number:
Date:

All memberships are due annually and run from January 1- December 31 of each year.
 Exception: Any new membership received after September 1, will expire December 31 of the next year.

If applying for a Junior membership please fill out the following:

NAME OF JUNIOR AS IT WILL APPEAR ON ALL PAPER WORK: _____
 (Juniors may not have a farm name or share a membership with another sibling)

Junior Birth Date: Month _____ Day _____ Year _____ Birth date must be provided. Junior age 5-22

If applying for an Adult Membership please fill out the following: (If a Farm or Corporation name is provided it will print on all certificates)

FARM NAME OR CORPORATION: _____

NAME(S) ON ADULT MEMBERSHIP: _____

Juniors and Adults:

Please Provide Three Herd Prefix Choices: _____ _____ _____
 A Herd Prefix may not start or end with I, O or Q or contain numbers in them. Immediate Family members may have the same herd prefix.

MAILING ADDRESS: _____	(Used for FedEx) PHYSICAL ADDRESS: _____

HOME PHONE: () _____

CELL PHONE: () _____

WORK: () _____

FAX: () _____

EMAIL ADDRESS: _____

OTHER: _____

JUNIOR \$ 25.00 _____

VOICE MAGAZINE \$ 20.00 _____

ADULT \$ 100.00 _____
 (Includes Magazine)

TOTAL ENCLOSED _____

If you wish to have access to the online Digital Beef Registration System, please provide a password:

Check number enclosed: _____

(Passwords are case sensitive)

****If paying by credit card please apply online @ www.maine-anjou.org****

**NAMES OF OTHER AUTHORIZED USERS:
 EXAMPLES: PARENTS, GUARDIANS, HERDSMAN OR MANAGERS
 PERSON(S) LISTED BELOW WILL HAVE ACCESS TO ALL ACCOUNT INFORMATION**

NAME: _____ RELATION/TITLE _____
 Address if Corporation _____

NAME: _____ RELATION/TITLE _____
 Address if Corporation _____

NAME: _____ RELATION/TITLE _____
 Address if Corporation _____

NAME: _____ RELATION/TITLE _____
 Address if Corporation _____

CHECK BOX IF CORPORATION/PARTNERSHIP *If Corporation or partnership, all members and addresses must be listed

PLEASE SIGN AND DATE THE BACK OF THIS FORM AND MAIL IT BACK TO AMAA