



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](http://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 \_\_\_\_\_

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 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**