



Michigan Simmental Association

Membership Application

Name: _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell: _____

Email: _____

Website: _____

Dues are \$25 per year. Please make checks payable to Michigan Simmental Association.

Please print & mail form and payment to:

**Michigan Simmental Association
C/O Todd Landis
24455 S. County Line Rd.
Homer, MI 49245**