

ACA Junior Membership Application

P.O. Box 890 • Platte City, MO 64079 • (816) 431-2808 • Fax (816) 431-5381

To the Board of Directors, (ACA), I hereby make application for junior membership in the ACA and agree to conform to and abide by the Bylaws, Rules and Regulations of the Association. By signing this application for membership, applicant irrevocably waives any claim against and grants an absolute release to the ACA, any member, employee or agent of the Association, including but not limited to, any enforcement of the Rules and Regulations presently in effect or hereafter adopted by the Association. The fee of \$50 is enclosed. It is understood that the membership, which is not transferable, will remain in effect only until January 1 after I reach the age of twenty-two (22) years. At that time I have the privilege of converting it to an adult membership, if I so desire, upon endorsement and payment of the difference in cost between adult and junior membership.

Herd Prefix

 1st Choice

 2nd Choice

 3rd Choice

All members must have a 4-letter Herd Prefix.

(For office use only)

Member No. _____

Dated _____

Expiration Date _____

(Please type or print the information below.)

Name _____

Date of Birth _____

Address _____

Town _____ State _____ Zip _____

Telephone _____

Social Security No. _____

Signature _____