

APPLICATION FOR ASSOCIATE MEMBERSHIP INSTRUCTIONS

Brown Swiss Cattle Breeders' Association of the U.S.A.

Beloit, Wisconsin

Who is Eligible - The associate membership of the Association shall be comprised of only such as are trustworthy and careful interested parties of registered Brown Swiss cattle and have paid a membership fee established by the Board of Directors. Memberships may be provided to natural persons, corporations, partnerships, estates, trusts and any other legal entity or organized group of persons.

The Fee - \$10 annual or \$40 for a five-year membership.

How Long Does A Membership Last -

- A. Memberships in the name of an individual natural person shall be for 1 year or 5 years or shall terminate upon the written request of such person.
- B. Membership in the name of (1) a corporation; (2) a partnership; (3) a membership in a farm name or the name of a family, not a partnership or corporation; (4) an unincorporated non-profit, religious, fraternal, charitable or educational association and (5) estates and trusts, terminates upon dissolution, or on the 1-year or 5-year anniversary of such membership, or upon request, which ever shall first occur.
- C. A membership is not transferable.

Benefits Of Memberships -

- A. The membership has a voice in determining the programs and policies of the Association by addressing the annual meeting of the Association.
- B. An associate member has no voting privileges or other membership benefits.

How To Apply For Membership -

- A. Complete the application blank after reviewing the explanation and the procedure presented below.
 1. Examples of types of membership
 - a. Individual Person - John B. Doe
 - b. Farm or family - Doe's Swiss Farm or John B. Doe and Family (List owners of farm or members of family)
 - c. Partnership - Mr. and Mrs. John B. Doe or John B. Doe & Nivram L. Esurk
 - d. Corporation - Doe's Swiss Farm, Inc. (List officers with position held.)
 - e. Estate or Trust - Mary Roe Trust
 - B. In the center of the application, sign exactly as you wish your membership issued. Give complete address, and if other than an individual membership, give the name of the person to be recognized as the representative member.
 - C. An Active National Member or an officer of your bank must recommend you for National Associate Membership. Have this person sign the application (lower right) and if your banker signs as the one recommending you, please have him indicate his title and the name of the bank.
 - D. Send the application together with the appropriate fee.

How Soon Will You Become A Member - The applicant is entitled to membership as soon as the completed application and fee are received at the Brown Swiss office. Membership is issued one month after publication in the *Brown Swiss Bulletin*, unless there are objections from any National Members.

APPLICATION FOR ASSOCIATE MEMBERSHIP

BROWN SWISS CATTLE BREEDERS' ASSOCIATION OF THE U.S.A.

800 Pleasant Street, Beloit, Wisconsin 53511-5456

Ph: (608) 365-4474 • Fax: (608) 365-5577

To the Board of Directors of the Brown Swiss Cattle Breeders' Association of the U.S.A.:

The undersigned hereby expresses interest in registered Brown Swiss cattle and makes application for associate membership in the Brown Swiss Cattle Breeders' Association of the USA. As a condition of being admitted as a member of said Association, the applicant agrees to accept the Constitution and Bylaws and Rules and Regulations of said Association as they now exist, or as they may hereafter be amended or added to. The applicant further agrees to comply with, and be bound by said Bylaws, Rules and Regulations. This membership will allow the Associate member to address the annual meeting of Brown Swiss Cattle Breeders' Association of the USA. It will not confer voting or other membership benefits upon the group or individuals.

Membership Fee (Annual \$10; Five-year \$40) is herewith advanced. Date _____ 20_____

Please Note: Applicants for national associate membership do not need to own registered Brown Swiss.

Membership Length (select one)

\$10 Annual Membership

\$40 Five-Year Membership

Membership Name _____
(Please print membership name.)

Signature _____
(individual or for a farm, family, partnership or corporation, etc., membership, person to be recognized as representative should sign here.)

Address _____

City _____ State _____ Zip _____ PH: _____

YOU MUST BE RECOMMENDED BY AN ACTIVE NATIONAL MEMBER OR AN OFFICER FROM YOUR BANK!

For Farm, Family, Partnership or Corporation Only. Signature of each member of group membership.	TO BE COMPLETED BY PERSON RECOMMENDING THIS MEMBERSHIP (See Rule C.)
_____	Name _____
_____	Title _____
_____	(Bank Name _____)
_____	Address _____
_____	City _____ State _____ Zip _____
_____	Signature _____
_____	Dated _____