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## AMENDMENT ON EXISTING MEMBERSHIP ACCOUNT

CLA Member #

\*\*\*Amendment\*\*\*

MEMBERSHIP NAME (Maximum 30 letters) Note: This is the name that will print on the registration certificates

NAME OF OWNER(S): Note: All owners listed are required to sign the application form

STREET OR BOX NO.

TELEPHONE NO.

CITY/TOWN & PROVINCE

BUSINESS/CELL NO.

POSTAL CODE

FAX OR EMAIL ADDRESS

☐ I do not wish for the CLA to use my personal contact information for business purposes it deems necessary. *\*For more information about the Privacy Policy, see "www.limousin.com"*

### SIGNATURE OF EACH AUTHORIZED REPRESENTATIVE REQUIRED BELOW

I/We agree to confirm to the Constitution and By-Laws of the said Association, and pay the prescribed membership fee as indicated in the Schedule of Fees.

Signature of Authorized Representative

Signature of Authorized Representative

Print Name

Print Name

**THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL, ALL MEMBERS OF THE PARTNERSHIP OR SIGNING OFFICER(S) ON THIS MEMBERSHIP ACCOUNT**

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