



*Alabama Junior Simmental Association*  
*Application*  
*ALJSA*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

American Simmental Association Membership Number: \_\_\_\_\_

Junior Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail application to:

Alabama Junior Simmental Association  
P.O. Box 40  
Samantha, AL 35482