



MEMBERSHIP FORM

Membership Name: _____

Name of Primary Contact: _____

Address: _____

Town/City: _____ Postal Code: _____

Telephone Number: Fax Number: _____

Email Address: _____

Membership Options:

_____ **Annual Membership** = \$100.00 + tax

Prefix Registration:

Prefix must be previously unused by the Canadian Guernsey Association.

First Choice: _____

Second Choice: _____

Third Choice: _____

Tattoo Letters Registration:

Must be a 3 or 4 letter combination previously unused by the Canadian Guernsey Association.

Tattoo is an approved secondary identification method but not required for registration.

First Choice: _____ Second Choice: _____ Third Choice: _____

Please return this form to:

Canadian Guernsey Association - Registry

Box 610, Brantford, ON N3T 5R4

Fax: (519) 756-3502

Tel: 1-855-756-8300

Signature: _____