



KENTUCKY JUNIOR SIMMENTAL ASSOCIATION  
MEMBERSHIP FORM  
**\$20.00 ANNUALLY (EACH CHILD)**

NAME: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

I AM ALREADY AN AMERICAN JUNIOR SIMMENTAL ASSOCIATION (AJSA) MEMBER