

Membership Application/Renewal for American Speckle Park Association

Member Name: _____ Member Number: _____

Farm/Ranch Name (Optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Business Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Membership Type:

New Member* (\$125) _____ Renewing Member (\$100) _____ Junior Member**(\$20) _____

Junior DOB _____

***Jr. Memberships available to those 21 and under*

Please fill out and return to:

American Speckle Park Association
PO Box 260
Kearney, MO 64060
Or via email: americanspecklepark@gmail.com



New Member Agreement

I agree to abide by the Rules, Regulations and Bylaw of the Association as amended from time to time and as enforced by the Board of Directors or such committees as the Board of Directors may designate. Applicant further binds him/herself to keep and maintain complete performance and breeding records.

The undersigned applicant expressly agrees that the Board of Directors has and shall forever retain the exclusive and sole right to discontinue and membership, in the sole and unlimited discretion of said Board of Directors, any member found to have failed to comply with any of the Association Rules, Regulations and/or Bylaws

Signature: _____ Date: _____