



CANADIAN HEREFORD ASSOCIATION
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For Office Use Only:
Date Rec'd _____
Voucher # _____
C.H.A. # _____

Addition to Signing Authority

CHA # _____

Membership Name: _____

Please ADD the following SIGNING AUTHORITY to the existing authorities for the above membership:

Persons Authorized to Sign (*please print*):

Signature:

Any ONE of the above & previously authorized signatures is acceptable to sign for this membership.*

Addition authorized by:

(Printed Name)

(Signature)

*If previous signing authorities were "All signatures required", please contact the office for a Signing Authority Revision form.