



# U.S. Normande Breeders Organization, L.L.C.

8924 County Road F - Arpin, WI 54410

(715) 219-5288

www.usnormandebreeders.com

email: usnormandebreeders@gmail.com

\_\_\_\_ New Membership

\_\_\_\_ Membership Renewal

\_\_\_\_ Individual/Couple

## Membership Application

Effective 09/2019

\_\_\_\_ Family with kids

\_\_\_\_ Partnership/Syndicate

\_\_\_\_ Junior Member (under 21)

\_\_\_\_ Family Farm

\_\_\_\_ Corporate

\_\_\_\_ Lifetime

FOR OFFICE USE ONLY

Member No: \_\_\_\_\_

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

### Membership Information

Date: \_\_\_\_\_ For renewal, Please write in Membership Number: \_\_\_\_\_

Name you would like to appear on registration certificates - (Farm or Ranch Name or Individuals Name):  
\_\_\_\_\_

Full Name (Primary Contact): \_\_\_\_\_  
First Middle Last

Farm or Ranch Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Residence Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

### Contact Information

Phone Number (Please put an X in front of your preferred number to contact you):

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Office / Barn (\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_ Describe \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Website Address: http:// \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
(U.S. Normande Breeders Organization WILL NOT SHARE your e-mail address)

### Prefix Information

**Prefix:** U.S. Normande Breeders Organization requires that each member that will be registering animals reserve a prefix to be used for registrations. This prefix may be used by family members where cattle are in the same herd location. In this case a prefix authorization form must be filed.

**Prefix choices.** (Please limit prefix to 12 letters or less) - (If you will not be registering any animals please initial here \_\_\_\_\_):

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

### Authorized Signature(s)

As a condition to becoming a member of the U.S. Normande Breeders Organization, (I, we) agree to abide by the Rules and Regulations of the Organization, as they now exist or may be amended from time to time. Applicant further agrees to be responsible for the accuracy of all information concerning registration, transfers, breeding, performance data and other information submitted to the Organization, and to promptly furnish any information as may be requested by the Organization.

**Signature of Applicant(s):** (or an authorized representative or agent)

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment

Please enclose the Fee Schedule and Order Form along with your payment.