



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

P.O. Box 118 - Butler, MO 64730

(816) 738-4179

www.usnormandebreeders.com

email: usnboregistry@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. We do accept credit card payments with Visa, Mastercard, Discover or American Express with a 4% courtesy fee. You may call with your credit card information.