American BRAHMOUSIN Council
P. O. Box 88
Whitesboro, TX 76273

Brahmousin...The Best of Both Worlds

APPLICATION FOR MEMBERSHIP

Select Membership Desired			Choose Herd Prefix Desired					For ABC Office Use Only	
Lifetime Membership	☐	Fee- $200	Prefix must contain four letter characters. The ABC will assign your first choice if it is available.					Date Received	
Annual Membership	☐	Fee per calendar year - $50	First Choice					Prefix Assigned	
Junior Membership	☐	Fee - $25 Under 21 years of age only	Second Choice					Membership Number	
Associate Membership	☐	Fee - $25	Third Choice					Board Approval	

I (we) hereby make application to the Board of Directors of the American Brahmousin Council for membership and, in consideration of acceptance, agree to conform to and abide by the By-Laws, Rules and Regulations of the Association and Amendments or Modifications thereto which may, from time to time, be adopted. By signing this application for membership, applicant irrevocably waives any claim against and grants an absolute release to the American Brahmousin Council, any member, employee or agent of the Association, for any act or omission in connection with the Association, including but not limited to, any enforcement of the rules and regulations presently in effect or hereafter adopted by the Association.

It is requested that membership be issued in the name of:

Please type or print in ink. Name of membership (maximum of 26 letters including spaces). Junior memberships must be in their name only, ranch names will not be accepted. Ownership name on registration certificate will appear as above. If approved, the undersigned is recognized as the owner of this membership. Only the undersigned may add or delete additional signatures permitting the transaction of business within the membership.

Print Applicant Name _____ Signature _____ Date _____ Birth Date (Junior Applicant) _____

Street or Rural Address _____ City or Town _____ State _____ Zip Code _____

Address for mailing of all correspondence, certificates and billing if different from the membership address.

Street or Rural Address _____ City or Town _____ State _____ Zip Code _____

Home Phone Area Code & No. _____ Office Phone Area Code & No. _____ FAX Area Code & No. _____ Email Address _____

Have you ever had Brahmousin cattle registered in your name? No ☐ Yes ☐ If yes, what was the *membership I.D. number* on the registration certificate. _____ _____ _____

Do any other members of your family also have memberships with the ABC? No ☐ Yes ☐ If yes please list the membership I. D. numbers.

_____ _____ _____

Have you ever been suspended from another Breed Association? No ☐ Yes ☐ If yes, please explain: _____

List below any additional persons authorized to transact business for the membership. (please advise the ABC office when changes are made.) This does not apply to Junior Membership.

_____ _____

Name of additional signatories (please print) Signature

American Brahmousin Council membership dues are NOT deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense.

Questions about your application? Call the ABC at 903.564.3995