

Membership Application

Return with payment to the IBBA office: Email: info@gobrangus.com

> Fax: 210-696-8718 Mail: PO Box 809 Adkins, TX 78101

Indicate which level of membership you are applying Senior Membership Junior Membership Junior's DOB: Parent's Associate Membership Date: Membership	Membership ID#:	
Indicate which name the membership account will	l be under:	
■ Member Name:		
□ Ranch Name:		
Primary Mailing Address:		
City:	State: Z	ip Code:
Phone Number:	Secondary:	
Email:		
Number of eligible cattle owned at present:	bulls and/or _	females
 Senior Membership: Jan-Dec \$125 Apr-I Junior Membership: \$25 Annually Associate Membership: \$35 Annually Late Fees: Senior renewal dues received a 		
Application is hereby made for membership to be issued in the name given above. I agree to be bound by and abide by the rules, regulations, constitution and by-laws of the association as amended from time to time and to keep a written memorandum of breeding and exact birth dates of my (our) Brangus cattle. Further, that I (we) will promptly furnish any information concerning the same at any time requested to do so by the association. If paying by credit card, please fill out the following information:		
Card Type: VISA MASTERCAR	_	□ DISCOVED
Card Number:		- DISCOVER
Expiration:/		
Cardholder's Name:		
Billing Address:		
Signature:		Pate: