



Lifetime Membership Application

FOR OFFICE USE ONLY

New Membership

Effective 04/2021

Member No: _____

Upgrading from Annual Membership

Date: _____

Membership Information

Date: _____ For upgrading, Please write in current 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: _____
(The International Dairy Cattle Registry WILL NOT SHARE your e-mail address)

Prefix Information

Prefix: The International Dairy Cattle Registry 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 try to 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 International Dairy Cattle Registry, (I, we) agree to abide by the Rules and Regulations of the Registry, 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 Registry, and to promptly furnish any information as may be requested by the Registry.

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: _____

Membership Type - (please check one)

INDIVIDUAL CORPORATE PARTNERSHIP SYDICATE ASSOCIATE BREEDER (For those with religious beliefs prohibiting membership.)

Payment

Please enclose the Fee Schedule and Order Form along with your payment or credit card information.