

Membership Application

Irish Black® Cattle Association

FOR OFFICE USE ONLY

IBCA

Membership # _____

Date Received _____

P.O. Box 7 , Arlee, Montana 59821

406-696-5977

support@irishblacks.org

www.irishblacks.org

PLEASE TYPE OR PRINT IN INK:

Enclose fees & mail to address above

NAME TO BE ON CERTIFICATES (Ranch, Business Entity, or Individual – limit 36 characters)

OWNER or MANAGER (Person primarily responsible for business involving this membership)

ADDRESS (Street, rural, or post office box to send records)

CITY/TOWN

STATE

ZIP

PRIMARY PHONE

OFFICE PHONE/FAX

ADDITIONAL PHONE

EMAIL

WEBSITE ADDRESS (For Web Listing)

HERD PREFIX 1st Choice (2 or 3 letters)

HERD PREFIX 2nd Choice (2 or 3 letters)

Membership Fees:

Life Member \$1250.

Affiliate Member \$125/yr.

Annual Member \$125/yr.

Junior Member (under 21) \$20/yr.

PRINT NAME AND SIGN BELOW. The undersigned applicant expressly agrees that the Board of Directors has and shall forever retain the exclusive and sole right to discontinue any member's membership whenever, in the sole and unlimited discretion of the said Board of Directors, any member shall be found to have failed to comply with any of the Association's Rules and Regulations, Bylaw's or Constitution. The above named ranch, corporation or individual agrees to abide by the Rules and Regulations, Bylaw's or Constitution of the Irish Black® Cattle Association as amended from time to time, as interpreted and enforced by the Board of Directors or such committees as the Board may designate. Applicant further binds himself to keep and maintain complete within-herd performance and breeding records. By signing this application for membership applicant irrevocably waves any claim against and grants an absolute release to the Irish Black® Cattle Association, 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.

X _____ / ____ /20____ **X**

PRINT NAME of Owner or Manager DATE SIGNATURE of Owner or Manager

X _____ / ____ /20____ **X**

PRINT NAME of Authorized Agent DATE SIGNATURE of Authorized Agent

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