



Composite Dairy Cattle Registry

P.O. Box 118 - Butler, MO 64730
(816) 738-4179 - Fax: (660) 200-7211

Partnership / Syndicate Membership Application

FOR OFFICE USE ONLY

____ New Membership

Effective 07/2013

Member No: _____

____ Membership Renewal

Date: _____

Membership Information

Date: _____ For renewal, Please write in Membership Number: _____

Name you would like to appear on registration certificates - (Partnership or Syndicate Name): _____

Name of 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 Composite Dairy Cattle Registry **WILL NOT SHARE** your e-mail address)

Prefix Information

Prefix: The Composite 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 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 Composite 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) (Please list all names and addresses of Partnership / Syndicate members on next page)

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 or credit card information.



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Partnership / Syndicate Members

Effective 07/2013

Names and Addresses of Partnership / Syndicate Members

MEMBER #1

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____

MEMBER #2

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____

MEMBER #3

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____

MEMBER #4

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____

MEMBER #5

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____

MEMBER #6

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____

MEMBER #7

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____

MEMBER #8

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____

MEMBER #9

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____

MEMBER #10

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____

MEMBER #11

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____

MEMBER #12

Name: _____
Address: _____
City, State Zip: _____
Phone No: _____
E-mail Address: _____