

REGISTRATION APPLICATION



P.O. Box 2610 ♦ Glen Rose, TX 76043
 Phone: 254 898-0157 ♦ Fax: 254 898-0165
Proper fees must accompany this application

1. _____
Member Name (Applicant)

2. _____
Street Address

3. _____
City State, Zip

4. _____
Day Time Phone No. ITLA Member No.

4a. _____
Email

5. _____
Name of Texas Longhorn (limit 24 characters)

6. _____
Sex of Texas Longhorn Cow Bull Steer

7. _____
Birth Date

8. _____
Birth Weight

9. _____
Service Natural A.I. Embryo Clone In Herd AI

10. _____
OCV Number

11. Yes No
Twin?

12. _____
Color

13. _____
Holding Brand (your registered brand) **Location**

14. _____
Brand ID (number branded on animal) **Location**

17. _____
Sire's Name

18. _____
Sire's Registration Number

19. _____
Sire's Brand ID Number

19a. _____
Signature of Owner of Sire

20. _____
Dam's Name

21. _____
Dam's Registration Number

22. _____
Dam's Brand ID Number

22a. _____
Clone Parent Name (only for clones)

22b. _____
Clone Parent Reg# (only for clones)

23. _____
Date Texas Longhorn Acquired

24. _____
Breeders Name

25. _____
Breeder's ITLA Number

26. _____
Owner of Texas Longhorn Being Registered

27. _____
Owner's ITLA Number

28. _____
Owner's Street Address

29. _____
City State, Zip

I hereby certify this to be a true and correct statement and I request to have same recorded in the International Texas Longhorn Association Registry, in consideration of which I agree to abide and be bound by the Articles of Incorporation, Bylaws, Rules and Regulations of the Association and amendments thereto.

X _____
Signature of Applicant Date

30. _____
Send Certificate to: Owner Applicant

For Office Use Only