BRITISH WHITE CATTLE ASSOCIATION of AMERICA APPLICATION FOR REGISTRATION

APPLICANT OWNER (Owner of Dam when subject calf was born)

BWCAA MEMBER NO:_____ PHONE: _____

NAME: _____

ADDRESS: _____

Mail completed application & fees to:
British White Cattle Association
PO Box 281
Bells, TX 75414-0281

I hereby certify and declare that this is a true and correct statement and I desire to have same recorded in the BWCAA. 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.

SIGNATURE OF APPLICANT: _____

						Calf's Tattoos													Register	
	Dam Reg #	Sire Reg #	Name of Calf (limit 24 spaces)	Date Calved	Calf's Birth Wt	Right Ear	Left Ear	Service	Mgmnt Codes		Calving Ease	Weaning Weight Date	Weaning Weight	Weaning Hip Height	Color S/SR/O/U	Polled Scurred	Cow Bull Steer	AMFB, PB 3/4, 1/2	YES	NO