



**Partnership / Syndicate Membership Application**

FOR OFFICE USE ONLY

\_\_\_\_ New Membership

Effective 01/2011

Member No: \_\_\_\_\_

\_\_\_\_ Membership Renewal

This form after filled out, may be scanned and emailed to the Registry.  
Please e-mail it to info@compositebeef.com

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 (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Describe

Website Address: http:// \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
(The Composite Beef Cattle Registry WILL NOT SHARE your e-mail address)

**Prefix Information**

**Prefix:** The Composite Beef 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 Beef 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**

Membership is \$25.00 for one(1) year. Please enclose check or money order for payment. Check # \_\_\_\_\_ for \$ \_\_\_\_\_



# COMPOSITE BEEF CATTLE REGISTRY

Rt 4 Box 738 – Butler, MO 64730  
816-738-4179



## Partnership / Syndicate Members

Effective 01/2011

This form after filled out, may be scanned and emailed to the Registry. Please e-mail it to [info@compositebeef.com](mailto:info@compositebeef.com)

### 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: \_\_\_\_\_