

CBBA MEMBERSHIP APPLICATION

*Active membership is \$20 per year

Date _____

Name _____

Farm Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

ABBA Number (if applicable) _____

Please complete the form and mail with your \$20 dues to:

Carolinas Brahman Breeders Association
c/o Ann Shaughnessy
276 Morning Dale Road
Matthews, NC 28105

Please make checks payable to CBBA