



SOUTHEAST BRANGUS BREEDERS ASSOCIATION MEMBERSHIP
APPLICATION

Farm Name: Farm Name	
Name (&Spouse): First Name, Last Name, Spouse	
Address: Address	
City: City	
County: County	State: State Zip: Zip Code 00000
E-mail: Email	Manager: Manager
Website: Website	IBBA Membership #: IBBA #
Membership: Choose Type	

Signature: _____ Date: 1/14/2020

SBBA members must reside in or have their principal breeding herd in the States of Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, or Virginia. One vote per membership.

Please make checks payable to **SBBA**

Please fill out, print, and mail to:

SBBA Secretary/Treasurer
Michael Childers
6311 NW 218th Ave.
Alachua, Fl 32615