



Barzona Breeders Association of America
Membership Form 2025

Name: _____

Address: _____

Phone: _____

Email: _____

Membership Type (choose one):

_____ Active (\$90) Must own minimum of 1 any class Barzona cattle, voting rights,
officer nomination

_____ Associate (\$25) Need not own Barzona cattle, no voting rights, no officer
nomination

_____ Youth (\$10) Under 21 years age, no voting rights, no officer nomination

I (we) agree that we will be governed by the By-Laws of the Barzona Breeders Association of America, Inc. and also the Rules and Regulations adopted by the Board of Directors under the authority granted them in the By-Laws of the BBAA.

If Membership is under a corporation, partnership, estate or other multiple member entity, we hereby sign to designate _____ as the voting member.

Signed: _____

Date: _____

Mail check and form to:
Barzona Breeders Association
P.O. Box 154
Greenfield, IA 50849