Please complete the form below to submit application for membership in the American Gelbvieh Association. If you have any questions, please do not hesitate to contact the American Gelbvieh Association Staff.

For federal income purposes, membership dues and contributions to the American Gelbvieh Association are deductible as business expenses, not as charitable contributions.

Dues and herd assessments make up your active membership and both must be paid annually to keep your membership current.

Annual dues for members of the American Gelbvieh Association are $120. Thirty-five dollars of this amount is for a one-year subscription to Gelbvieh World. Annual dues for Canadian and Mexican members are $145, all other countries $170. Of these amounts, $60 for Canadian and Mexican members and $85 for all other countries goes to Gelbvieh World for a one-year subscription.

Payment for these dues may be made with cash, check or credit card. Please mark which method of payment you prefer:

- [ ] I have enclosed a check
- [ ] I have enclosed cash
- [ ] Please call me to obtain credit card information

The undersigned hereby applies for membership in the AMERICAN GELBVIEH ASSOCIATION, a non-profit corporation, with all rights and privileges and subject to the obligations thereof, as more fully set forth in the bylaws and rules and regulations of the association. Applicant further certifies that he/she agrees to be governed by the bylaws and rules and regulations. In consideration of the agreement to issue such membership, the membership fee above is paid herewith.

NAME of membership - limited to 30 characters including letters, spaces, and punctuation.

SIGNATURE of applicant (Additional signatures for official business on reverse side)

Applicant Name (please print)

Street or Rural Address

City/Town

State

Zip

PHONE NUMBERS

Please list cell, home, and/or office number(s) and check the phone number of where you are most likely to be reached first:

- [ ] Cell Phone ( ) ________________
- [ ] Home Phone ( ) ________________ Fax ( ) ________________
- [ ] Office Phone ( ) ________________ Fax ( ) ________________

Email Address: ______________________________

Website: ______________________________

NOTE

If you have had registration papers with a number next to your name, please list:

NUMBER: ______________

PLEASE COMPLETE BOTH PAGES OF THIS FORM!
ADULT MEMBERSHIP APPLICATION FORM

The following persons are authorized to sign registrations, transfers, and other official business.

#1. Name (please print) ___________________________ Signature ___________________________ 

#2. Name (please print) ___________________________ Signature ___________________________ 

#3. Name (please print) ___________________________ Signature ___________________________ 

#4. Name (please print) ___________________________ Signature ___________________________ 

If you desire ALL certificates, summaries, applications, correspondence, and billing to be mailed to an address that differs from that appearing on the front of this application, please specify:

Address ____________________________________________________________________________
City/Town __________________________________________________________________________ 
State ______________________________________________________________________________
Zip __________________________________________________________________________________

Each breeder must have an individual herd prefix, consisting of three or four letters, the herd prefix may not contain numbers or symbols. Please specify choices below, in order of preference. AGA assigns the first available choice. For a three-letter prefix, leave the final space blank. If all choices are already assigned or if spaces are blank, AGA will assign a herd prefix to your membership.

CHOICE #1 _____/_____/_____/______  CHOICE #4 _____/_____/_____/______
CHOICE #2 _____/_____/_____/______  CHOICE #5 _____/_____/_____/______
CHOICE #3 _____/_____/_____/______  CHOICE #6 _____/_____/_____/______

Please fill out the following so that we may have it on file for Gelbvieh and Balancer® promotional records: (optional)

Hometown newspaper:______________________________________________________________________
Address:__________________________________________________________________________________
City:______________________________________ State:______________________ Zip:_________________
Email Address:_____________________________________________________________________________
Website:__________________________________________________________________________________

Please return completed form to the American Gelbvieh Association
Mail: 1001 S 70th Street, Suite 215, Lincoln, NE 68510
Email: info@gelbvieh.org
Fax: 303-465-2339

FOR OFFICE USE ONLY

Payment of $120.00 from the applicant above is acknowledged on the ________ day of __________, 20____

Approved for Executive Committee