AUSTRALIAN BELTED GALLOWAY ASSOCIATION INC ABN 65 169 855 060

PO BOX 189, KIAMA NSW 2533 Ph (02) 4232 3333 Fax (02) 4232 3350

APPLICATION FOR REGISTRATION

(Please complete all particulars in INK and in BLOCK LETTERS)

Name: …….. **Member no: ……** **Stud Prefix: ……**

Address: ……... **Tattoo Brand: ……**

…… **Postcode: ……** **Date: ……**

Name of Animal - include (AI) (ET)	Sex	Birth Date	Grade	Tattoo	Colour	Sire	Reg No.	Grade	Dam	Reg No.	Grade

Amount enclosed for registration fees: $……

The information as detailed above is subject to verification with the Association's records before acceptance for Registration in the Herd Book.
I herby declare that the above mentioned animals are the progeny of approved and/or registered animals.

Breeder's Signature: ……