

American Beefalo Association Fee Schedule Worksheet

Name: _____ Member#: _____
 Address: _____
 City, State and Zip: _____ Phone#: _____

REGISTRATION FEES

Quantity			Amount
_____	All ages & percentages	x	\$25.00 =
	Nonmember	x	\$45.00
			Transfer Fees
_____		x	\$15.00
	Nonmember	x	\$25.00
			Meat Registry Fees
_____	All ages and sexes	x	\$10.00
	Nonmember	x	\$25.00
			DNA Hair Kits
_____		x	\$40.00=
			Annual Renewal Fees
-----	office maintenance or renewal fees		\$25.=
	Total enclosed -----		_____

Make checks payable to: **ABA:**
9824 E. YZ AVE. VICKSBURG, MI 49097
1.800.BEEFALO officemanager@americanbeefalo.org