

# REGISTRATION APPLICATION



P.O. Box 2610  Glen Rose, TX 76043  
 Phone: 254 898-0157  Fax: 254 898-0165  
*Proper fees must accompany this application*

1.   
**Member Name (Applicant)**

2.   
**Street Address**

3.     
**City State, Zip**

4.    
**Day Time Phone No. ITLA Member No.**

4a.   
**Email**

Size (please circle one): Miniature or Full Size

5.   
**Name of Texas Longhorn (limit 24 characters)**

6.  Cow  Bull  Steer  
**Sex of Texas Longhorn**

7.     
**Birth Date Birth Weight**

8.        
**Natural A.I. Embryo Clone In Herd AI Service**

9.   
**Color**

10.   Yes  No  
**OCV Number Twin?**

11.    
**Holding Brand (your registered brand) Location of holding brand**

12.    
**Brand ID (number branded on animal) Location of number brand**

17.   
**Sire's Name**

18.    
**Sire's Registration Number Sire's Brand ID Number**

19a.   
**Signature of Owner of Sire**

20.   
**Dam's Name**

21.    
**Dam's Registration Number Dam's Brand ID Number**

22a.   
**Clone Parent Name (only for clones)**

22b.   
**Clone Parent Reg# (only for clones)**

23.   
**Date Texas Longhorn Acquired**

24.   
**Breeders Name**

25.   
**Breeder's ITLA Number**

26.   
**Owner of Texas Longhorn Being Registered**

27.   
**Owner's ITLA Number**

28.   
**Owner's Street Address**

29.     
**City State, Zip**

I hereby certify this to be a true and correct statement and I request to have same recorded in the International Texas Longhorn Association Registry, in consideration of which I agree to abide and be bound by the Articles of Incorporation, Bylaws, Rules and Regulations of the Association and amendments thereto.

X    
**Signature of Applicant Date**

30.  Owner  Applicant  
**Send Certificate to:**

**For Office Use Only**