OFFICIAL DUAL REGISTRATION APPLICATION

Member's Name *(Applicant)* **ITLA Member No.**

Street Address

City **State** **Zipcode**

Phone Number

Email Address

ITLA Headquarters Information

Office Location: 1600 Texas Dr. Glen Rose, TX
Mailing Address: PO Box 2610, Glen Rose, TX
Office Phone No. (254) 898-0157
Office Email: staff@itla.com

Name of Texas Longhorn *(limit 24 characters)*

TLBAA Registration No.

OCV No. *(if applicable)*

_____ Natural _____ A.I._____ Emb._____ Clone _____ In Herd A.I.
Service

Date Texas Longhorn Acquired
(Ownership date of the present owner)

Owner of Texas Longhorn Being Requested

Owner's ITLA Number *(if applicable)*

Owner's Street Address **City** **State** **Zipcode**

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, Rule and Regulations of the Association and amendments thereto.

Signature of Applicant _____ **Date** _____

Send Certificate to: _____ **Owner** _____ **Applicant**

Submission Options: Forms may be submitted by Email or Mail.
Please submit your completed registration form along with a work order form and your selected payment method. Please note that payment must be received before staff can begin processing your registration application.