



CBA Breeder Enrollment Form

Name _____ Farm or breeding entity _____

Address _____

Phone _____ Fax _____

Mobile Phone _____ Email _____

Annual Breeder Dues: \$100.00

Please check payment option below and return form with payment.

___ **Option 1: payment via check**

___ **Option 2: payment via credit card**

Name _____ Card type Visa _____
(name as it appears on credit card)

MC _____

Card # _____ Expiration _____ AmEx _____

Security Code _____ Discover _____

Billing address _____
(street address)

(city, state, zip)

Phone _____

Signature _____ Date _____

P.O. Box 23359, Lexington, KY 40524 www.consignorsandbreeders.com info@consignorsandbreeders.com

