



## BWP/NAD Application for Membership

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### **MEMBERSHIP LEVEL** (Select only one)

New Breeding Member: \_\_\_\_\_ \$100.00

2025 Renewal Breeding Membership: \_\_\_\_\_ \$75.00

5 Year Breeding Membership: \_\_\_\_\_ \$350.00

Lifetime Membership: \_\_\_\_\_ \$750.00

☐ Opt-in BWP/NAD E-Newsletter

☐ Invoice later

☐ Check # \_\_\_\_\_ Make checks payable to BWP/NAD

☐ Credit Card

Visa   Mastercard   Discover   Amex

Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card (print): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_