ANNUAL MEMBERSHIP AND/OR NOMINATION FORM

2025 – 2026 TEST YEAR

Douglas Bull & Female Development Center

Replacement Heifer Program

Please Circle Self Fed or Hand Fed

Please fill out the following:

	Amount	Number of Heifers Breed		Total
Annual Membership	**$10**	**----------**	**-------**	**$10**
Annual Work Day Fee	**$200**	**reimbursed upon completion**		**$200**
Nomination of heifer	**$25/heifer**	**_____**	**_____**	**$_____**
Mandatory Insurance	**$80/heifer**	**_____**		**$_____**
Advanced Yardage	**$30/heifer**	**_____**		**$_____**
Total Amount Paid				**$_____**

CONSIGNORS NAME (Please print) _____

FARM OR HERD NAME _____

COMPLETE MAILING ADDRESS _____

_____

_____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____