



The American Black Hereford Association

## Authorized Agent Form

I, \_\_\_\_\_ give

\_\_\_\_\_ permission to transact any and all ABHA related business from

\_\_\_\_\_ (today's date) onwards. This designated

individual has the power and authority to transact any business including

registrations, transfers, access to Digital Beef and any other transactions that

need to be completed. I agree to pay any and all fees that are incurred from the

work of this individual or myself. This authorization is good in perpetuity until the

association office is notified in writing of a change.

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Authorizing Signature

Date: \_\_\_\_\_ Member ID: \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature and Stamp

Mail this original form to:  
PO Box 2607, Bowling Green, KY 42102