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