

**If you would like to participate in this new program, please print this page, complete the form and mail or fax to the AHA.**

**Alternate Breed Inventory Request**

Member/Herd Number: \_\_\_\_\_

Name or Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to participate in the AHA's new Alternate Breed Inventory program. Please mail me my alternate breed inventory forms to get started.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

American Hereford Association  
PO Box 014059  
Kansas City, MO 64101

Fax 816-842-6931