



Canadian Hereford Association  
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 herefords@hereford.ca www.hereford.ca

For Office Use only: Date Rec'd _____  Voucher # _____  C.H.A. # _____
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## Hereford Plus Program Application

**Membership Recorded Under Name of:** \_\_\_\_\_

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

Farm Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Res: ( ) \_\_\_\_\_ Bus: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

**Tattoo Letters** (Issued in Right Ear Only)

**No Charge**

State Three Choices: (2 – 4 letters)

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Annual Membership**

**Expires December 31 each year \$150.00 + GST/HST**

Animal Name Prefix (Optional)

Begins Each Animal Name **\$ 30.00 + GST/HST**

State Two Choices:

1: \_\_\_\_\_ 2: \_\_\_\_\_

I /We wish to be classified as a breeder of: Horned \_\_\_\_\_ and/or Polled \_\_\_\_\_ Herefords  
 I/We are interested in participating in the Performance Program: Yes \_\_\_ No \_\_\_ Need More information \_\_\_

\*\*Report animal weights and get EPDs on your cattle – see www.hereford.ca for more information\*\*

*(All fees must accompany application and be made payable to the Canadian Hereford Association)*

**GST/HST: \$** \_\_\_\_\_

**Total Enclosed: \$** \_\_\_\_\_

### Signing Authority

Persons Authorized to sign (Please print):

Signature:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Check One:** All signatures required \_\_\_\_\_ or Any of the above signatures is acceptable \_\_\_\_\_

I/We agree to conform to the Constitution and By-Laws of the Canadian Hereford Association, and pay the prescribed membership fee.

Signature of Applicant(s): \_\_\_\_\_

**Method of Payment:** Cheque \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_

Keep Card # on file? Yes \_\_\_ No \_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_/\_\_\_

Signature of Cardholder: \_\_\_\_\_