



Canadian Hereford Association
 5160 Skyline Way N.E.
 Calgary, Alberta, Canada T2E 6V1
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 F: (403) 295-1333 Toll Free: 1-888-824-2329
 herefords@hereford.ca www.hereford.ca

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

Junior Membership

Membership Recorded Under Name of: _____

Date(s) of Birth (D/M/Y): _____

Mailing Address: _____

Farm Address: _____ Postal Code: _____

Telephone: Res: _____ Bus: _____ Fax: _____

E-Mail Address: _____ Web Site: _____

Name of Parents: _____

Check Applicable Designation: **CHA Members** Yes _____ No _____

Tattoo Letters (Issued in Right Ear Only)

State Three Choices: (2 – 4 Letters)

1: _____ 2: _____ 3: _____

No Charge

Membership – One Time Expires December 31 following the Junior's 22nd birthday \$25.00 + GST/HST

Animal Name Prefix (Optional) Begins Each Animal Name \$30.00 + GST/HST

State Two Choices:
1: _____ 2: _____

Annual National Council Activity Fee \$25.00 no GST

(Annual activity fee payable to participate in national programs and events)

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: _____