



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

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

Membership 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 \$175.00 + 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: _____

*You will be subscribed to the Canadian Hereford Association e-news letter. You can unsubscribe at any time.