

Canadian Hereford Association 5160 Skyline Way N.E.

Calgary, Alberta, Canada T2E 6V1
Phone: 403-275-2662 | Fax: 403-295-1333
info@hereford.ca

info@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:			Postal Code:		
Telephone: Res: ()			()		
E-Mail Address:					
Name of Parents:					
Check Applicable Designation: CHA Members? Yes No					
Tattoo Letters (Issued in Right Ear Only) State Three Choices: (2 – 4 Letters)			No Charge		
1: 2:	3:				
Annual Membership Expires December 31 each ye		r 31 each year	r \$35.00 + GST/HST		
Animal Name Prefix (Optional) State Two Choices:	Begins Each A	Begins Each Animal Name		\$30.00 + GST/HST	
1:	2:				
I /We wish to be classified as a breeder of: Horned I/We are interested in participating in the Performa **Report animal weights and get EPDs on your cattle – see w (All fees must accompany application and be made)	ance Program: Yes www.hereford.ca for more	No Nee	d More information	on	
payable to the Canadian Hereford Association)		Total Enclosed:		•	
Signing Authority Persons Authorized to sign (Please print):	Signature:				
Please Check One: All signatures required or A	-	·			
I/We agree to conform to the Constitution and By-L prescribed membership fee. Signature of Applicant(s):			ociation, and pay	the	
Method of Payment: Cheque Mastercard_ Credit Card #:			on file? Yes Expiry Date:		
Signature of Cardholder:					