



Canadian Hereford Association
 5160 Skyline Way N.E.
 Calgary, Alberta, Canada T2E 6V1
 Ph: (403) 275-2662
 F: (403) 295-1333
 info@hereford.ca
 www.hereford.ca

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

Next Gen Membership (Age 23- 26 Only)

Membership Recorded Under Name of: _____
Farm Names and Companies/Corporations Not Permitted

Mailing Address: _____

Farm Address: _____ **Postal Code:** _____

Telephone: Res: _____ **Bus:** _____ **Fax:** _____

E-Mail Address: _____ **Web Site:** _____

Date Of Birth (D/M/Y): _____

Tattoo Letters (Issued in Right Ear Only) **No Charge**
 State Three Choices: (2 – 4 letters)
1: _____ **2:** _____ **3:** _____

NG Annual Membership	Expires December 31 each year	\$75.00 + 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.