



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

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

Junior Membership

(22 and under)

Membership Recorded Under Name of: _____

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

Mailing 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)

No Charge

State Three Choices: (2 – 4 Letters)

1: _____ 2: _____ 3: _____

Annual Membership

Expires December 31 each year \$35.00 + 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: _____