

Application for National Junior Membership

By submitting this form you agree to follow the rules, regulations and bylaws, and to uphold the standards of Holstein Association USA, Inc. Junior Membership automatically expires on your 21st birthday, but you will be eligible to participate in Junior activities for the remainder of that year. Membership will not be issued to those who have already reached 21 years of age.

| SECTION A - CONTACT INFORMATION | | | | Account Number | | | |
|---|---------|----------|--------|--|-----------|--|--|
| Full Name | | | | | | | |
| First | | | liddle | Last | Suffix | | |
| Name in which you would like to identify cattle and do business (if different from above, 47 character limit) | | | | | | | |
| | | | | | | | |
| Farm Name (if different from above) | | | | | | | |
| | | | | | | | |
| Farm Address | | | | | | | |
| City | State | Zip | | This is also 🗖 Mailing 🗖 Billing 🗖 Office 🛾 | Residence | | |
| | | | | | | | |
| Residence Address (if different from above) | | | | | | | |
| City | State | Zip | | This is also 🗖 Mailing 🗖 Billing 🗖 Office | | | |
| | | | | | | | |
| Mailing Address (if different from above) | | | | | | | |
| City | _ State | Zip | | This is also 🗖 Billing 🗖 Office | | | |
| Phone Number (check the box next to your preferred contact number) | | | | | | | |
| Home | | 🗖 Mobile | | 🗖 Barn/Office | | | |
| Fax | | □ N/A | E-mail | | 🗖 N/A | | |
| | | | (1 | Holstein Association USA will not share your e-mail addı | ress) | | |

SECTION B - OTHER INFORMATION

| Birthdate: (<i>MM - DD - YYYY</i>) Prefix (<i>Required only if registering ca</i> Association Bylaws require that each membr this case, all animals must be in one herd. A designated if a member wishes to register a | <i>ttle)</i> er reserve a prefix unless authorized by prefix is not required to take a Holstei | y the prefix holder to use a family prefix. In n Association USA membership, but must be | | | | |
|---|--|---|--|--|--|--|
| Prefix you are authorized to use or prefix choices. Please limit prefix name to 12 letters or less. | | | | | | |
| Existing prefix or 1st choice: | (2) | (3) | | | | |
| Please include your membership dues with completed application. National Junior Association membership dues are a one-time \$30 fee. | | | | | | |
| Bill to Holstein account Cash | Check (Check | #). | | | | |
| Account #: | | | | | | |
| RETURN APPLICATION TO: | | | | | | |

Holstein Association USA, Inc., 1 Holstein Place, PO Box 808, Brattleboro, VT 05302-0808

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