



Application for National Adult Membership, Associate Breeder Status, or Account

- APPLICATION FOR:**
- Corporate
 - Individual
 - Partnership
 - Syndicate
 - Associate Breeder
For those with religious beliefs prohibiting membership.
 - Account Only*
Complete Sections A and D. Account holders do not receive discounts on registrations unless membership fee is paid.

SECTION A - CONTACT INFORMATION

Holstein Account Number (if known) _____

Corporate/Individual/Syndicate/
or Associate Breeder Name _____
Please print

If Partnership, list additional partners below

Name _____

Name _____

Name _____

Name _____

Name in which you would like to identify cattle and do business (47 character limit)

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 _____

E-mail _____ N/A Fax _____ N/A
(Holstein Association USA will not share your e-mail address)

SECTION B - OTHER INFORMATION

Holstein Pulse

The *Holstein Pulse*, Holstein Association USA's quarterly member magazine, is mailed free of charge to active Association members.

I would like to receive the *Holstein Pulse*: Online (Please provide e-mail in Section A) In the mail

SECTION C - MEMBERSHIP INFORMATION & FEES

Prefix (Required only if registering cattle)

Association Bylaws require that each member reserve a prefix unless authorized by the prefix holder to use a family prefix. In this case, all animals must be in one herd. A prefix is not required to take a Holstein Association USA membership, but needs to be designated if a member wishes to register animals.

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) _____

Do you belong to a State Holstein Association? Yes No If yes, which? _____

National Membership \$40

*National membership is separate from your State Association membership dues

Partial Year Membership (Applied July-October) \$25

Holstein Foundation Youth Education Contribution

TOTAL _____

Please include your first year's membership dues with completed application, or request your account to be billed.

Bill my account Cash Check _____ (Check #)

SECTION D - MEMBERSHIP AGREEMENT

AGREEMENT: As a condition of being admitted as a member of Holstein Association USA, Inc., or as a condition for a non-member to do business with Holstein Association USA, Inc., the applicant agrees to accept and be bound by the Constitution and Bylaws, and rules and regulations of the Association as they now exist and as they may hereafter be amended. This agreement applies for membership this year and in any future year. The applicant agrees to be responsible for the accuracy of all information on registration and transfer applications submitted by the applicant. In addition, the applicant agrees that all records on animals owned by the applicant, whether maintained by the applicant or by others, including production records, may be obtained from DHIA and/or the responsible DRPC and used by Holstein Association USA, Inc. in its programs.

The person signing this application as an individual or as an official representative of an entity, acknowledges the inclusiveness of this application for membership and agrees personally and/or on behalf of the represented entity that this authorizes Holstein Association USA, Inc. to accept and process any and all applications relating to registration, transfer and programs without a signature, regardless of how or by whom submitted.

Signature of Applicant(s): (Or duly authorized representatives)

_____ Signature of primary contact	_____ Printed Name of primary contact	_____ Date
---------------------------------------	--	---------------

Other authorized representatives

_____ Signature	_____ Printed Name	_____ Date
--------------------	-----------------------	---------------

_____ Signature	_____ Printed Name	_____ Date
--------------------	-----------------------	---------------

_____ Signature	_____ Printed Name	_____ Date
--------------------	-----------------------	---------------

RETURN APPLICATION TO:

Holstein Association USA, Inc.

1 Holstein Place, PO Box 808

Brattleboro, VT 05302-0808

www.holsteinusa.com • 800.952.5200