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

MEMBERSHIP APPLICATION

Membership Recorded Under Name Of: _____

Check Applicable Designation: Individual Junior Partnership

Date(s) of Birth: _____

Mailing Address: _____

Farm Address: _____

Postal Code: _____ Telephone: () _____ Fax: () _____

Internet Address (E-Mail): _____ Web Site: _____

Names of Parents: _____

Check Applicable Designation: CHA Members Yes No

Tattoo Letters (Issued in Right Ear Only) -----No Charge

State three choices:

1. _____ 2. _____ 3. _____

Membership—One Time Fee --Expires 31 December following the junior's 21st birthday-----\$15.00 + GST

Annual National Council Activity Fee----- \$ 15.00 no GST

Annual activity fee payable to participate in National Programs and events.

I/We wish to be classified as a breeder of: Horned Polled Both Herefords

I/We are interested in participating in the Performance Program: Yes No Need more information

GST: \$ _____
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 as established by the board of directors.

Signature of Applicant(s): _____

Method of Payment: Cheque Mastercard Visa

Credit Card #: _____

Expiry Date: ___/___

Signature of Cardholder: _____