

APPLICATION FOR ADULT MEMBERSHIP OR ASSOCIATE BREEDER STATUS

FEE \$25 per calendar year. Enclose first year's fee with application. Fee subject to change without notice.

FOR ALL APPLICANTS (PLEASE PRINT OR TYPE EXCEPT SIGNATURES)

Holstein Account Number _____ (if known)

NAME _____

(Full and exact legal name whether applying as an individual or other legal entity)

Type of Membership applied for: Individual Partnership Estate Institution Corporate
 Limited Partnership Trust Syndicate Associate Breeder

NAME _____

in which you will own and identify cattle or do business (if different from above)

Mailing Address: _____

Street/Rural Route/Box Number

City

State

Zip

Farm Address: _____

(if different from mailing address)

City

State

Zip

Telephone Number: _____

Area Code

Number

Fax Number: _____

Area Code

Number

E-mail Address: _____

Do you belong to your State Holstein Association? Yes No

Applicant(s) Date of Birth: _____

Applicant(s) Social Security #(s): _____

Number of Cows Milking: _____

PREFIX – Prefix already reserved for you or the prefix you are entitled to use: The Association's 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. If you don't already have a prefix, write three selections in order of preference. Please limit prefix name to 12 letters.

(1) _____ (2) _____ (3) _____

FOR PARTNERSHIP, LIMITED PARTNERSHIP, TRUST, CORPORATE, ESTATE, OR INSTITUTION

Legal Title or Entity: _____

Partnership: Do you have a written and signed partnership agreement? Yes No Corporate: Incorporated in what state? _____

Limited Partnership, Estate, and Trust: Name(s) & addresses of all general partners, executors, or trustees _____

Name of principal officer of corporation or institution: _____

AGREEMENT: As a condition of being admitted as a member of the Association, 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 including, but not limited to, a complete and consecutive record of all service-age females showing date of service or insemination, name and registration number of animal serviced or inseminated, name of sire used, date of calving, sex and identification of offspring. The applicant agrees to be responsible for the accuracy of all information on Applications for Registration and Applications for Transfer submitted in an approved manner for animals and offspring of females that stand in the ownership of applicant. This includes information on Applications for Registration of animals resulting from embryo transfer born in possession of applicant. In addition, the applicant agrees that all records on animals owned by the applicant, whether maintained by him or by others, including production records, may be obtained from DHIA and/or the responsible DRPC in text or by electronic remote access, and used by Holstein Association USA, Inc. in its several programs.

The person signing this application as an individual for individual membership or as an official representative of an entity identified above acknowledges the all-inclusiveness of this application for membership, including the foregoing, 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 irrespective of how or by whom submitted.

Signature of Applicant(s): (or duly authorized representative)

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____