



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

**APPLICATION FOR:**     **Membership**     **Account Only\***

*\* Complete Sections A and E. Account holders do not receive discounts on registrations unless membership fee is paid.*

## SECTION A - CONTACT INFORMATION

Holstein Account Number (if known) \_\_\_\_\_

Full Name (Primary Contact) \_\_\_\_\_  
First Middle Last Suffix

*\*If partnership or corporate membership, all partners/owners involved must be listed under Section E of this application.*

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  
*(Holstein Association USA will not share your e-mail address)*

## SECTION B - MEMBERSHIP INFORMATION

**Type of Membership Applied For:**     Individual     Partnership     Corporate     Associate Breeder  
*For those with religious beliefs prohibiting membership.*

Other types of membership are available.  
Please call 800.952.5200 to inquire about alternative membership options.

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

**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) \_\_\_\_\_

## SECTION C - OTHER INFORMATION

### Holstein Pulse

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

• **MEMBER**

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

• **NON-MEMBER**

I would like to subscribe to the *Holstein Pulse* for \$8/year  I would not like to subscribe to the *Holstein Pulse*

### Referral Information

Please list the name of any person or organization that referred you to join Holstein Association USA.

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If you know anyone who may be interested in joining the Association, please provide their name and contact information (mailing address or e-mail) below. We will contact them about the benefits of joining Holstein Association USA.

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## SECTION D - MEMBERSHIP FEES

**National Membership** ..... \$25

*\*National membership is separate from your State Association membership dues*

**Dairy Legislative Support Fund Contribution** ..... \_\_\_\_\_

*\*Recommended annual contribution of \$1 per milking cow*

**Holstein Foundation Youth Education Contribution** ..... \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Please include your first year's membership dues with completed application.**

Bill my account  Cash  Check \_\_\_\_\_ (Check #)

## SECTION E - 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 representative)

_____ Signature	_____ Printed Name	_____ Date
_____ 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](http://www.holsteinusa.com) • 800.952.5200