



Canadian Hereford Association
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 F: (403) 295-1333 Toll Free: 1-888-824-2329
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 www.hereford.ca

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

Young Guns Membership (Age 22- 26 Only)

Membership Recorded Under Name of: _____
Farm Names and Companies/Corporations Not Permitted

Mailing Address: _____

Farm Address: _____ Postal Code: _____

Telephone: Res: () _____ Bus: () _____ Fax: () _____

E-Mail Address: _____ Web Site: _____

Date Of Birth (D/M/Y): _____

Tattoo Letters (Issued in Right Ear Only) **No Charge**
 State Three Choices: (2 – 4 letters)
 1: _____ 2: _____ 3: _____

YG Annual Membership **Expires December 31 each year \$50.00 + GST/HST**
 Animal Name Prefix (Optional) Begins Each Animal Name **\$30.00 + GST/HST**
 State Two Choices:
 1: _____ 2: _____

I /We wish to be classified as a breeder of: Horned _____ and/or Polled _____ Herefords
I/We are interested in participating in the Performance Program: Yes ___ No ___ Need More information ___
 Report animal weights and get EPDs on your cattle – see www.hereford.ca for more information

(All fees must accompany application and be made payable to the Canadian Hereford Association) **GST/HST: \$ _____**
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.
 Signature of Applicant(s): _____
Method of Payment: Cheque _____ Mastercard _____ Visa _____ Keep Card # on file? Yes _____ No _____
 Credit Card #: _____ Expiry Date: ____/____/____
 Signature of Cardholder: _____