



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

Hereford Plus Program Application

Membership Recorded Under Name of: _____

Mailing Address: _____

Farm Address: _____ Postal Code: _____

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

E-Mail Address: _____ Web Site: _____

Tattoo Letters (Issued in Right Ear Only)

No Charge

State Three Choices: (2 – 4 letters)

1: _____ 2: _____ 3: _____

Annual Membership

Expires December 31 each year \$150.00 + 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: _____