



Canadian Hereford Association  
 5160 Skyline Way N.E.  
 Calgary, Alberta, Canada T2E 6V1  
 Phone: 403-275-2662 | Fax: 403-295-1333  
 email: info@hereford.ca  
 www.hereford.ca

|                      |
|----------------------|
| For Office Use only: |
| Date Received _____  |
| Voucher # _____      |
| C.H.A. # _____       |

## Junior Membership (22 and under)

**Membership Recorded Under Name of:** \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Check Applicable Designation: CHA Members? No  Yes  If Yes, membership name/number: \_\_\_\_\_

**Tattoo Letters** (Issued in Right Ear Only)

State Three Choices: (2 – 4 Letters)

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**No Charge**

**Animal Name Prefix** (Optional)

Begins Each Animal Name

**\$30.00 + GST/HST**

State Two Choices:

1: \_\_\_\_\_ 2: \_\_\_\_\_

**Annual Membership**

**Expires December 31 each year**

**\$35.00 + GST/HST**

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**

Name \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Check One:** All signatures required  Any of the above recorded signatures is acceptable

**For members under 18 years old, a parent or guardian signature is required.**

**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  E-transfer  (send to info@hereford.ca, no password required)

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Keep Card on file? Yes  No

Signature of Cardholder: \_\_\_\_\_