



Regular Membership Application



A Holstein Canada membership connects your passion for Holsteins with your farm's bottom line!

Membership with Holstein Canada and its respective Branch extends for 12 months from the date of receipts at Holstein Canada and is automatically renewed annually.

Holstein Canada Customer Account Number (if exists): HC: _____
If you do not have an account with Holstein Canada, complete Customer form including credit section on page two.

Thanks for teaming up with Holstein Canada!

Do you need help with an application? Our Customer Service team would be happy to assist! Call us at 1-855-756-8300 or email customerservice@holstein.ca

MEMBERSHIP NAME

Your membership name can be an individual name or farm name and cannot exceed 40 characters in length, including spaces, hyphens, and apostrophes. The membership name as printed below is what will appear on certificates of registration.

(Print your membership as individual name or farm name as you wish it to appear on Certificates of Registration)

If using a farm name, please indicate an individual name as a Care of (c/o): _____

PREFIX

The Association will designate for each member upon the Certificate of Membership a unique prefix. The prefix will be used as the first name of all calves registered by you as the breeder. A prefix is one word and cannot exceed 15 characters in length, including hyphens and apostrophes. A member of a designated prefix may extend the use of their prefix to members of the immediate family or you may choose your own.

1st Choice: _____ 2nd Choice: _____

I agree to abide by the By-laws of the Association and any amendments thereto. I agree to keep complete, accurate and consecutive records of all dates of service with positive identification of females bred and the sire used, and of all dates of calving with the tag number and sex of calf. I acknowledge the Association has the right to inspect such herd records at anytime. I agree to notify the Association within 30 days of any changes in the above information.

I understand that Holstein Canada shares information as it pertains to the normal conduct of our business. Under no circumstance is information sold to third parties without consent. By providing your information, customers consent to the sharing of information in this context. Holstein Canada values its relationships with its customers and is committed to the protection of their personal information.

MEMBERSHIP PERSON(S)

To be completed by the applicant applying for the membership and any individual(s) that will be authorized representatives and have signing authority on behalf of this membership.

1. Account Holder Full Name: _____
(print name)

Signature: _____ Date: _____

2. Account Holder Full Name: _____
(print name)

Signature: _____ Date: _____



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3. Account Holder Full Name: _____
(print name)

Signature: _____ Date: _____

MAILING ADDRESS

Address: _____

City: _____ Province: _____ Postal Code: _____

Premises ID: _____ County: _____

Telephone: _____ Email address: _____

FARM ADDRESS

My farm address is the same as my home address.

Premises ID: _____ County: _____

City: _____ Province: _____ Postal Code: _____

Premises ID: _____ County: _____

Telephone: _____ Email address: _____

CREDIT APPLICATION

I understand and hereby certify _____ to be true and agree to all.
(Business name or account #)

invoices according to Holstein Canada's terms. Holstein Canada reserves the right authorize, limit, or deny credit privileges.

I authorize Holstein Canada or its agent to make the necessary inquiries from any source to verify my credit history.

Account Holder Full Name: _____
(print name)

Signature: _____ Date: _____

How did you hear about Holstein Canada?

Why would you like to become a member?
