



century of holsteins membership award application

.....
Name (person filing this applicant) and prefix:

Relationship to originating membership name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

Originating family name holding Holstein Canada membership:

Name to appear on printed certificate and perpetual plaque (possibly same as Family Name above):

.....
SUCCESSION OF MEMBERSHIP NAMES FOR 100+ YEARS (UNINTERRUPTED, CONSECUTIVE YEARS) BEGINNING WITH OLDEST INFORMATION.

(Please include photocopies of any certificates of membership, or other supporting documents.)

MEMBERSHIP NAMES	PREFIXES	YEARS IN OPERATION	FARM LOCATIONS

Submit by December 31 by

EMAIL: Pat Hill (phill@holstein.ca)

Or

MAIL TO: HOLSTEIN CANADA | ATT: PAT HILL, 20 CORPORATE PLACE, BOX 610, BRANTFORD, ON N3T 5R4

PHONE | 519-756-8300 FAX | 519-756-3502 WWW.HOLSTEIN.CA