

Junior Membership Application

Junior Membership Benefits Include:

- Free membership
- Preferred fees for Registrations
- Learning and training
- Personal assistance

- Loyalty gift
- New Members kit
- Opportunities to socialize and meet people who share the same interest

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 <u>customerservice@holstein.ca</u>

A Junior Membership with Holstein Canada and its respective Provincial Branch extends for 12 months from the date of paperwork receipt and is automatically renewed annually until your 21st birthday.

 \Box I declare that I am 12 to 21 years of age and acknowledge that Junior Membership becomes void following the anniversary date of my 21st birthday. Please include copy of Birth Certificate with application for verification.

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 ideally 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.

\square I would like to share my imm	be associated to my customer account and I am therefore	
(print name)	, agree to share the following Prefix	
Signature	My relationship with this Junior member is	

OPTION B – My Own Prefix ☐ I would like to choose my own prefix;	indicate in order of	your preference below:
1st Choice:	2 nd Cl	hoice:
accurate and consecutive records of all used, and of all dates of calving with the	dates of service with e tag number and se:	y amendments thereto. I agree to keep complete, positive identification of females bred and the sire x of calf. I acknowledge the Association has the right to Association within 30 days of any changes in the above
no circumstance is information sold to t	hird parties without of this context. Holstei	t pertains to the normal conduct of our business. Under consent. By providing your information, customers n Canada values its relationships with its customers ation.
AUTHORIZED USERS (optional) This section is to add authorized represto whom you give signing authority, and		Junior Membership account. These are representatives ur account information.
Authorized User's Name:		(print name)
Signature:		Date:
2. Authorized User's Name:		(print name)
Signature:		Date:
MAILING ADDRESS (if setting up own a	ccount)	
To be completed if new customer acco	unt	
Address:		
City:	_ Province:	Postal Code:
Premises ID:		
lephone: Email address:		