



Junior Membership Application

A Junior Membership with Holstein Canada and its respective Provincial Branch extends for 12 months from the date of paperwork receipt. It automatically renews annually until your 21st birthday. **You do not need to own an animal to be a Junior Member.**

Junior Member Date of Birth DD/MM/YYYY: I declare that I am 12 to 21 years of age and acknowledge that my Junior Membership becomes void following the anniversary date of my 21st birthday.

Name _____ Signature _____
(Print name)

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: Choose either Option A or B for your prefix choice. You use this prefix as the first name of all calves you register as the breeder. A prefix is one word and not longer than 15 characters in length, including hyphens and apostrophes. A member of a designated prefix may extend (allow) the use of their prefix to members of the immediate family or you may choose your own.

OPTION A: Prefix Sharing (**Owner of the prefix** completes this information to give you permission to use it).

- I would like to share my immediate family's prefix.
- This Junior Membership will be associated to my customer account.
- I understand that I will be responsible for all Junior Membership activity fees.

I _____, agree to share the following Prefix _____
(Print name)

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: _____ 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 any time. 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.

AUTHORIZED USERS (optional)

This section is to add authorized representatives onto your Junior Membership account. Giving signing authority allows these representatives to access your account information.

1. **Authorized User's Name:** (print name) _____

Signature: _____

Date: _____

HOME MAILING ADDRESS
(Complete if a new customer account)

FARM ADDRESS
 My farm address is the same as my home address

Address: _____

Address: _____

City: _____ Prov: _____

City: _____ Prov: _____

Postal Code: _____ Premises ID: _____

Postal Code _____ Premises ID: _____

Phone #: _____ Cell #: _____

Phone #: _____ Cell #: _____

Email address: _____

Email address: _____

PHOTO/VIDEO WAIVER (Please read carefully)

I hereby grant permission to Holstein Canada to use images I (18 and over) am photographed in and/or video footage that I may appear in or that I have taken and provided for print or online materials. They reserve the right to reproduce, use, exhibit, display, broadcast, and/or distribute in connection with the activities of the Association designed for promotional, informational, or educational purposes. I have read and understand the above.

I hereby grant permission to Holstein Canada to use photographs of **my minor child (child under the age of 18)** in print or online materials and/or video footage in which my child may appear. They reserve the right to reproduce, use, exhibit, display, broadcast, and/or distribute in connection with the activities of the Association designed for promotional, informational, or educational purposes. I have read and understand the above.

Check this box if you **DO NOT consent** to the use any photos/videos, etc., as indicated above.

Name: _____ (print name)

Signature: _____

Date: _____

What is the best method to connect with you?

Facebook Instagram Email: _____ Text _____

CREDIT APPLICATION (must be 18 years to sign, if under parents account, credit is on file)

I understand and hereby certify all information stated above to be true and agree to pay all 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 Name: _____ (print name)

Signature: _____

Date: _____

How did you hear about Holstein Canada? _____

Why would you like to become a member? _____

MAIL TO: HOLSTEIN CANADA, 20 CORPORATE PLACE, BOX 610, BRANTFORD, ONTARIO, CANADA N3T 5R4

OR: FAX | 519-756-3502. EMAIL | CUSTOMERSERVICE@HOLSTEIN.CA WEB | WWW.HOLSTEIN.CA