

Membership Form

Members	hip Name:
Name of F	Primary Contact:
Name of A	Authorized personnel:
Address:	Town/City:
Postal Co	de:Telephone Number:
Fax Numb	per:Email Address:
MEMBER	SHIP OPTIONS:
 New New Supp Junio 	al Member \$90.00 + tax (Quebec members add \$10.00) Member Free (10 free transfers within 3 years) Member with voting privileges (10 free transfers within 3 years) \$45.00 + tax (Quebec members add \$10.00) orter Member (receives newsletter) \$45.00 + tax r Member (up to 18 years of age) \$25.00 + tax Resident Member (\$90.00)
PREFIX R	EGISTRATION:
unused by	for exclusive use in naming animals owned or co-owned by breeder at birth. Prefix must be previously the Canadian Brown Swiss & Braunvieh Association. Letters or numerals may be used as a name prefix. Ar me shall not contain more than 30 letters, spaces or characters and the prefix is part of the 30 count.
First Choi	ce:
Second Cl	noice:
Third Cho	ice:
ΤΑΤΤΟΟ	LETTERS REGISTRATION (OPTIONAL for Brown Swiss, MANDATORY for Braunvieh):
	3 or 4 letter combination previously unused by the Canadian Brown Swiss & Braunvieh Association.

Tattoo is an approved secondary identification method but not required for registration.

First Choice:	Second Choice:	Third Choice:



Membership Form

Application for partnership or company membership shall specify the person authorized to vote, act or sign for the partnership or company. A member of a partnership or company other than the person mentioned in the application may be authorized by the partnership or company to act or vote at any meeting of The Association.

Add Person authorized to vote:	

Signing Authorities: _____

Signature: _____

We extend a warm welcome to our new members of the Canadian Brown Swiss & Braunvieh family. As a new member we would like to get to know you, would you like to be profiled in our newsletter?

An invoice will be provided by Holstein Canada for all services performed. A Statement of Account will also be mailed for invoiced services during that month and for accounts who have an outstanding balance. This statement will list invoices debited and payments credited during that month.

To set up your account with Holstein Canada, please complete the Credit Application info below. To view Holstein Canada's Payment Policy and Options visit <u>www.holstein.ca</u> or request a printed copy.

CREDIT APPLICATION

I understand and hereby certify _______ to be true and agree to pay all invoices (Business name or account #)

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.

Name (Printed):

Signature: _____

Date:

PLEASE RETURN THIS FORM TO:

Canadian Brown Swiss and Braunvieh Association – Registry Box 610, Brantford, ON N3T 5R4 Fax: (519) 756 3502 Tel: 1-855-756-8300